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ABSTRACT

The report reviews progress and problems of states and localities in reporting, investigating, treating, and preventing child abuse and neglect. Six major recommendations focus on the role of the National Center on Child Abuse and Neglect, established within the Department of Health, Education, and Welfare to help states in identification, treatment, and prevention. Chapters are organized according to the following suggested activities for the Center: training personnel to identify and report child abuse as required by law: helping states improve the investigation of reports: helping states improve treatment (use of multidisciplinary teams, treatment plans for case management, central registers, legal assistance for child protection agencies): helping states develop prevention programs: and providing leadership by such actions as identifying and advocating successful approaches and programs. Among 10 appendixes is a list of demonstration project evaluations funded by the National Center on Child Abuse and Neglect. (CL)

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ED191237

BY THE COMPTROLLER GENERAL

Report To The Congress

OF THE UNITED STATES

Increased Federal Efforts Needed To Better Identify, Treat, And Prevent Child Abuse And Neglect

Child abuse and neglect--a serious nationwide problem--needs more Federal Government attention. State and local governments visited have made progress in dealing with the problem, but their capabilities to identify, treat, and prevent child abuse and neglect are inadequate.

Although public awareness of child abuse and neglect has increased and improvements in dealing with it have been made, much more needs to be done. Professionals need to be made more aware of their responsibility to report suspected cases. Investigations of cases need to be made promptly, and agencies' capabilities to treat abused and neglected children need to be improved. The report also shows that until 1978 little emphasis was placed on prevention.

GAO recommends that the Department of Health, Education, and Welfare's National Center on Child Abuse and Neglect provide better leadership and assistance to State and local agencies.

EC 12 459

HRD-80-66
APRIL 29, 1980

COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-197055

To the President of the Senate and the
Speaker of the House of Representatives

This report discusses our observations on the problems States and localities are having in identifying, treating, and preventing child abuse and neglect. It describes how the National Center on Child Abuse and Neglect, Department of Health, Education, and Welfare, could improve child protective services and better assist States and localities in dealing with the problem.

We made this review because of congressional and public concern about child abuse and neglect.

We are sending copies of this report to the Director, Office of Management and Budget, and the Secretary of Health, Education, and Welfare.

Elmer B. Staats

Comptroller General
of the United States

JUN 2 0 1980

COMPTROLLER GENERAL'S REPORT TO THE CONGRESS

INCREASED FEDERAL EFFORTS NEEDED TO BETTER IDENTIFY, TREAT, AND PREVENT CHILD ABUSE AND NEGLECT

D I G E S T

The National Center on Child Abuse and Neglect is the focal point for Federal efforts to deal with child abuse and neglect. The Center was established within the Department of Health, Education, and Welfare (HEW) to help States develop programs to identify, treat, and prevent child abuse and neglect, but it has not adequately fulfilled these responsibilities.

GAO reviewed the progress and problems of selected States and localities using as criteria the Center's recommended standards for child abuse and neglect programs. These States and localities had made progress, but still encountered many problems in reporting, investigating, treating, and preventing child abuse and neglect. The Center has not provided adequate leadership and assistance to the States.

The number of reported cases of abuse and neglect continues to rise. According to HEW, reports have risen over 100 percent in the last 4 years. But it is generally recognized that the actual number of cases is much larger than reported. The Center estimates that each year 1 million children are abused or neglected and that 2,000 children die from injuries or conditions resulting from abuse and neglect.

REPORTING, INVESTIGATION, TREATMENT, AND PREVENTION PROBLEMS

Professionals (such as doctors and teachers) who have frequent contact with children do not always report suspected abuse and neglect

cases. It is particularly important that professionals report suspected cases because they are in a unique position to observe children and their reports are more likely to be substantiated than reports made by the public. However, many professionals do not report abuse and neglect cases even though they are required to do so, because

--they do not know that they are required to make a report,

--they are afraid of lawsuits or reprisals,

--they are reluctant to get involved, or

--they believe that reporting would not really help and that reports might aggravate the situation. (See pp. 13 to 17.)

The States and localities GAO visited did not have the capabilities to adequately investigate reported cases of abuse and neglect. Communities had not developed definitions and stardards for use in investigations. Local protective services units did not have enough qualified staff to investigate reports. Investigations of all reports were not being conducted promptly. (See pp. 20 to 28.)

The States and localities visited were not able to provide adequate treatment for abused and neglected children and their families.

--The use of multidisciplinary teams for diagnosing treatment needs was limited.

--Treatment services were not sufficient to handle all abuse and neglect cases.

--The use of central registers for case management was limited.

--Treatment staffs were too small to deal with the volume of cases and often lacked recommended qualifications. (See pp. 33 to 48.)

The Center is responsible for helping States and localities develop prevention programs by identifying effective programs and approaches. It is also responsible for helping implement, expand, and improve such programs. However, the Center and the States and localities visited have done little to develop prevention approaches and programs. Before 1978 the Center gave priority to identification, reporting, and treatment. It began to devote more effort to prevention in 1978. Prevention projects were still underway at the time GAO completed its fieldwork, so their value was still unknown. The Center had not yet established criteria for assessing the effectiveness of prevention programs. (See pp. 53 to 56.)

PROBLEMS IN THE CENTER'S LEADERSHIP AND ASSISTANCE

HEW, through the Center, has given scant attention to coordinating Federal child abuse and neglect programs. The Center was not well informed on other agencies' plans, programs, and budgets. Further, it had not implemented HEW regulations issued in December 1976 aimed at achieving effective and efficient use of Federal resources and ensuring that programs and activities are not duplicative or undertaken unilaterally. Furthermore, the functioning of the Advisory Board on Child Abuse and Neglect was delayed because HEW did not appoint public members until August 1979. (See pp. 59 to 61.)

The Center has provided little guidance and assistance to States and localities on effective approaches and programs to deal with abuse and neglect. It has not been able to identify programs that work best because its evaluations of various programs

and approaches have been largely unsuccessful due to problems in planning, monitoring, and conducting evaluations. In addition, Center officials had not clearly communicated to States and localities their opinions on promising approaches and programs even after extensive research and evaluation. (See pp. 61 to 64.)

The Center has not assessed States' and localities' progress and problems in attempting to identify, treat, and prevent child abuse and neglect. Consequently, it has no assurance that its efforts are targeted toward the States' greatest needs. (See pp. 64 to 66.)

INADEQUATE SUPPORT BY HEW

HEW has not adequately supported the Center. The Center's staff has remained about the same size since 1976 even though its responsibilities have increased, and congressional committees have expressed concern about whether the staff is adequate. (See pp. 66 to 68.)

Funds authorized for the Center increased from $15 million in fiscal year 1974 to $34 million in 1980; however, the administration's appropriation requests and subsequent congressional appropriations remained at $18.9 million each fiscal year from 1976 through 1979. (See pp. 68 and 69.)

In fiscal year 1978 the Assistant Secretary of HEW's Office of Human Development Services withheld about $469,000 of the Center's research funds and transferred it to a separate cross-cutting research program to fund projects with goals broader than child abuse and neglect. The Congress passed legislation prohibiting further transfers in 1978, but in fiscal year 1979 the Center was required to continue funding some research projects begun in 1978. (See pp. 69 and 70.)

GAO did not evaluate the Center's use of or need for staff and resources, but believes these factors, considered together, indicate that HEW support for the Center has been inadequate.

RECOMMENDATIONS

To help improve the reporting of child abuse and neglect, the Secretary of HEW should require the Center to

--help States assess how many professionals are and are not reporting cases,

--identify problems that hinder professionals from reporting and attempt to resolve them,

--encourage organizations of professionals required to make such reports to emphasize their importance, and

--help clarify who is responsible for training and educating professionals to recognize and report abuse and neglect. (See p. 17.)

To improve investigations of cases, the Secretary should require the Center to

--help resolve disagreements about whether State, local, or community organizations should develop standards and definitions of abuse and neglect,

--encourage the use of definitions and standards for community education and decisions about abuse and neglect,

--emphasize the need for investigating all reports within 24 hours and encourage States and localities to make this a requirement in their policies and procedures,

--encourage State and local agencies to increase their minimum qualifications for child protective services investigative staff, and

--identify ways protective services units can increase their staffs or otherwise deal with excessive caseloads. (See p. 29.)

To help States improve their treatment capabilities, the Secretary should require the Center to emphasize to the States the importance of

--contributions that multidisciplinary case consultation teams can make in dealing with abuse and neglect cases,

--developing and using written treatment plans,

--using central registers for case management, and

--sufficient legal assistance for protective services staff. (See p. 49.)

The Center should also be required to assist the States in obtaining additional treatment services and identifying ways to increase staff and qualifications and to reassess its position on the need to follow up on closed cases.

The Secretary should also require the Center to develop criteria to measure the effectiveness of prevention programs and to keep the States and localities informed on

--how to establish prevention programs,

--criteria for evaluating prevention programs, and

--practical and promising prevention programs and approaches. (See p. 57.)

To improve its leadership and assistance, the Center should be required to

--better coordinate Federal programs and resources,

--identify approaches and programs showing promise of success, and

--develop information on the progress of States and localities in addressing abuse and neglect. (See p. 71.)

The Secretary should

--resolve any problems regarding duplicative programs or problems that otherwise restrict effective coordination.

Finally, if HEW finds that the Center does not have the resources it needs, HEW should

--consider furnishing the Center the necessary staff and resources to carry out its responsibilities. (See p. 72.)

HEW AND STATE COMMENTS

HEW generally agreed with the report and the identified areas needing further attention. HEW disagreed with GAO's suggestion that the Center resolve disagreements about whether definitions and standards should be developed by the State, the local child protective services unit, or the community. GAO believes it is important that the Center help clarify responsibilities for developing definitions and standards since disagreements over such responsibilities were a major reason why localities did not have them and modified its suggestion accordingly. HEW concurred with all the other recommendations and said it has taken or plans to take actions to implement them. (See app. X.)

However, GAO believes that HEW's response is overly optimistic and tends to create the impression that many problems are closer to resolution than they actually are.

State agencies generally agreed with the report. One State does not believe that the Center should necessarily be blamed for problems GAO identified in the States. GAO recognizes that the Center is not completely responsible for problems found in

Tear Sheet

the States. However, GAO believes that the Center, given its responsibilities, should do more to help States resolve their problems. (See p. 11.)

Another State felt that GAO should make it clear that Federal standards relating to child abuse and neglect are not definitive and have not been validated and also expressed concern that GAO's conclusions and recommendations on the role of the Center in promoting the standards tend to institutionalize concepts that are fluid. GAO acknowledges that the standards are subject to change as new information becomes available. However, GAO cannot accept the premise that, because of the fluid nature of abuse and neglect, certain criteria cannot be established and used as a basis for identifying and assessing problems being encountered. (See p. 11.)

Contents

		Page
DIGEST		i
CHAPTER		
1	INTRODUCTION	1
	Child abuse and neglect: the problem	1
	The response to the problem	3
	Scope of review	7
	Agency comments and our evaluation	8
	State comments and our evaluation	11
2	THE CENTER SHOULD DO MORE TO HELP STATES GET PEOPLE TO REPORT AS REQUIRED BY LAW	13
	Professionals are reluctant to report suspected child abuse and neglect	13
	Training is needed for identifying and reporting child abuse and neglect	16
	Conclusions	17
	Recommendations	17
	Agency comments and our evaluation	18
3	THE CENTER SHOULD DO MORE TO HELP STATES IMPROVE THE INVESTIGATION OF REPORTS	20
	Use of community definitions and standards for determining intervention strategies is limited	20
	Reports are not investigated within recommended time frames	21
	Sufficient and qualified investigative staff are not available	22
	Conclusions	28
	Recommendations	29
	Agency comments and our evaluation	29
	State comments and our evaluation	32
4	THE CENTER SHOULD DO MORE TO HELP STATES IMPROVE TREATMENT CAPABILITIES	33
	Use of multidisciplinary teams for diagnosing treatment needs was limited	33
	The development and use of documented treatment plans for case management was not assured for all cases	35

CHAPTER		Page
4	Adequate treatment resources were not available	37
	Disagreements over case followup need resolving	39
	The use of central registers for case management was limited	40
	Sufficient and qualified treatment staff were not available	43
	Legal assistance for child protection agencies needs improvement	47
	Conclusions	48
	Recommendations	49
	Agency comments and our evaluation	50
	State comments and our evaluation	52
5	THE CENTER SHOULD DO MORE TO HELP STATES DEVELOP PREVENTION PROGRAMS	53
	Efforts devoted to preventing child abuse and neglect are limited	53
	Conclusions	57
	Recommendations	57
	Agency comments and our evaluation	57
	State comments and our evaluation	58
6	THE CENTER SHOULD PROVIDE ADEQUATE LEADERSHIP AND ASSISTANCE TO DEAL WITH CHILD ABUSE AND NEGLECT	59
	Federal resources have received limited coordination and focus	59
	Successful approaches and programs have not been identified and advocated	61
	Needed information on States' capabilities has not been developed	64
	HEW support of the child abuse and neglect program has been inadequate	66
	Conclusions	70
	Recommendations	71
	Agency comments and our evaluation	72
APPENDIX		
I	Child abuse and neglect reports received in the five States reviewed	76

		Page
APPENDIX		
II	State grant awards and use of State grant funds for child abuse and neglect activities	77
III	Child Abuse Prevention and Treatment Act funding	80
IV	Funding that may be used for child protective services	81
V	Essential elements of an adequate system to identify, treat, and prevent child abuse and neglect	87
VI	Professional organizations and community agencies contacted	92
VII	Research and demonstration projects funded by the National Center on Child Abuse and Neglect	95
VIII	Demonstration project evaluations funded by the National Center on Child Abuse and Neglect	96
IX	Fiscal year 1978 cross-cutting research program	97
X	Letter dated January 29, 1980, from the Acting Inspector General, HEW	98

ABBREVIATIONS

GAO	General Accounting Office
HEW	Department of Health, Education, and Welfare
OHDS	Office of Human Development Services

CHAPTER 1

INTRODUCTION

The National Center on Child Abuse and Neglect was established in 1974 to serve as a focal point for Federal efforts to deal with child abuse and neglect and to help States establish programs to identify, treat, and prevent abuse and neglect.

CHILD ABUSE AND NEGLECT: THE PROBLEM

Child abuse and neglect is the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child by a person responsible for the child's welfare. Abuse refers to committing physical injuries, such as burns and fractures. Neglect refers to acts of omission, such as the failure to provide adequate food, clothing, shelter, education, or health and emotional care; a lack of supervision; and abandonment.

No one knows how many children are being abused and neglected. Statistics may vary because of different definitions and reporting requirements of abuse and neglect among States, public awareness of the problem, accuracy of detecting abuse and neglect, and the willingness to report. In 1977 over 512,000 reports of child abuse and neglect were submitted to the American Humane Association 1/ from 48 States, the District of Columbia, and 3 territories. (App. I lists the number of reports received in the five States selected for review.)

It is generally recognized that the actual incidence of child abuse and neglect is greater than that reported because many incidents go unreported. The Center estimates that about 1 million children are abused or neglected each year. Of these, 100,000 to 200,000 are physically abused, 60,000 to 100,000 are sexually abused, and the rest are neglected. The Center also estimates that 2,000 children die each year from abuse and neglect. Other nationwide studies have reported even larger estimates of the problem. Although the studies' estimates have varied, they have shown that the problem is significant.

1/ The American Humane Association is funded by the Department of Health, Education, and Welfare to collect and produce an annual summary of official reports of child abuse and neglect.

The Center is responsible for conducting a national incidence study of child abuse and neglect, including determining the extent to which incidents are increasing in number or severity. In December 1974, the Center awarded a contract for about $123,000 to conduct a feasibility study for developing the methodologies for collecting incidence data. The study's recommendation was rejected because of problems with the proposed methodologies and the projected costs. In June 1976, a two-phase contract to conduct the incidence study was awarded. Phase I developed operational definitions of child abuse and neglect, and designed and pretested methodologies for determining incidence. It cost about $691,000 and was completed in August 1978. In September 1978, phase II of the contract was funded for about $946,000 to determine the incidence. It is expected to provide data by State and by demographic and geographic characteristics, and is to be completed in August 1980.

Who are the abusers and abused, and what are the causes?

Child abuse and neglect occurs in families from all socioeconomic levels, races, nationalities, and religions, according to most studies. However, more cases are reported among the lower socioeconomic levels. The most common factors concerning families of reported child abuse and neglect in 1977 were broken families, family disputes, insufficient income, a lack of tolerance, heavy continuous child care responsibility, and the loss of control while administering discipline. Various studies have found that only a small percentage of abusing parents exhibit serious psychiatric disorders. Data for 1977 show that children of all ages are abused and neglected--most of them had no special characteristics.

Data indicate that child abuse and neglect are caused by many interacting factors. These factors include physical and mental health problems, a low intelligence level, a lack of knowledge about child development or parental skills, a parental history of having been abused as a child, socioeconomic status, job and marital situation, low self-esteem and feeling isolated, parent-child interaction, characteristics of the child, and one's attitude toward children and violence.

The effects of child abuse and neglect

Children may suffer physical, emotional, psychological, and neurological damage because of abuse or neglect. According to many studies, physical effects can include mental retardation and damage to the eyes, ears, and arms, and even death. Child abuse and neglect are often as damaging emotionally as physically. Child abuse and neglect may also affect the cognitive and language development of children. Also, it is theorized by some that abused or neglected children are more likely to become juvenile delinquents or abusive parents.

THE RESPONSE TO THE PROBLEM

States and localities are responsible for responding to reports of abuse and neglect and establishing and operating programs to identify, treat, and prevent the problem. Federal legislative activity has provided research grants and concentrated on financial assistance to the States for child welfare and social services. Traditionally, the Federal Government did not enact specific legislation regarding child abuse, considering it the States' jurisdiction. In the last few years, however, perhaps because of an increasing awareness of child abuse and the resulting public outcry, Federal activity has increased.

State and local efforts to address child abuse and neglect

All States have child abuse laws that generally protect children through child protective services and through reporting and investigating suspected child abuse and neglect.

Responsibility for administering child protective services varies among States and localities. In some States, protective services are provided directly and administered by local departments of welfare or social services or by a separate child protective services unit. The States' social services or human resources departments supervise the local child protective services agencies. State agency activities also include the planning, funding, and development of policies and programs; coordination; training; technical assistance; evaluations of local programs; and maintenance and operation of a State central register and a 24-hour telephone hotline for reporting incidents. The extent of States' involvement in these activities varies. Child protective services in some States are funded, controlled, and provided by the responsible State office.

Federal efforts to address abuse and neglect

Although the Federal Government has promoted children's welfare through legislation since 1912, a specific Federal focus on child abuse and neglect was not established until 1974. The Subcommittee on Children and Youth, Senate Committee on Labor and Public Welfare, and the Select Subcommittee on Education, House Committee on Education and Labor, conducted a series of hearings on efforts to combat child abuse and neglect in 1973. It found a number of problems and concerns, including:

--Differences in the definitions of child abuse and neglect among States, which made collecting information difficult.

--Incomplete identification and reporting.

--Inadequate resources for conducting investigations and providing treatment services.

--Understaffed child protective services units and undertrained workers.

--Limited prevention efforts.

--A lack of coordination of child protection activities.

Because of these problems, the Congress passed the Child Abuse Prevention and Treatment Act (Public Law 93-247) on January 31, 1974, to provide Federal leadership and assistance with identifying, treating, and preventing child abuse and neglect. The act was originally authorized through fiscal year 1977, and on April 24, 1978, it was extended through fiscal year 1981. The act established the National Center on Child Abuse and Neglect in 1974. The Center is located in the Children's Bureau, within the Department of Health, Education, and Welfare's (HEW's) Administration for Children, Youth, and Families, Office of Human Development Services. The act mandated the Center to

--annually summarize research on child abuse and neglect;

--develop and maintain an information clearinghouse on all programs (including private programs) that prevent, identify, and treat child abuse and neglect;

--publish training materials on child abuse and neglect;

--assist public and nonprofit private agencies in planning, improving, developing, and carrying out child abuse and neglect prevention, identification, and treatment programs and activities;

--research the causes, prevention, identification, and treatment of child abuse and neglect;

--study the national incidence of child abuse and neglect;

--fund demonstration programs and projects to develop and support multidisciplinary training programs and to support services related to abuse and neglect; and

--provide grants to States meeting certain eligibility requirements.

Since fiscal year 1974, an increasing number of States have qualified for grants by meeting the act's eligibility requirements. 1/ The following table shows the number of States and territories that have received grants under the act and the amount of the grants by fiscal year.

	Fiscal year				
	1974	1975	1976 (note a)	1977	1978
Number of States and territories receiving grant awards	3	17	29	42	47
Amount of grant awards	$19,335	$892,000	$3,871,604	$3,785,600	$4,732,000

a/Includes the transition quarter.

1/Ten of 57 States and territories were ineligible for State grant awards as of May 1979.

The State grants for fiscal years 1975-78 were used mostly for establishing or supporting specialized local child protective services units, establishing or updating central registers, providing 24-hour comprehensive emergency services, training staff, and increasing public awareness.

Appendix II lists the funding and purposes of the State grant awards for the five States we reviewed. Appendix III shows total funding since fiscal year 1974.

The Federal Government has provided financial support for State and local efforts primarily through titles XX and IV-B of the Social Security Act. The title XX program provides grants to States for social services that are directed at five goals, one of which is preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests and preserving, rehabilitating, or reuniting families. The program allows States to determine their priorities for social services. To receive Federal reimbursement, a State must develop an annual comprehensive services plan describing its planned services. For fiscal years 1972-78, the Congress placed a ceiling of $2.5 billion 1/ on Federal funds for social services; in fiscal year 1979, the ceiling was increased to $2.7 billion. 1/ Title XX funds are allocated among the States by population.

Title XX also authorizes a separate reimbursement to States for personnel training and retraining directly related to providing social services. Training expenditures are not subject to any ceiling. Title XX is administered by HEW's Administration for Public Services, Office of Human Development Services (OHDS).

The title IV-B program provides funds to State and local public welfare agencies for establishing, extending, and strengthening child welfare services. States determine their priorities, and funding can be used for protective services, adoption, day care, foster care, and other child welfare services. However, most of the title IV-B money has been spent on foster care. Each State receives a basic grant of $70,000 and an additional amount based on child population and average per capita income. The authorization for the program was $246 million for the fiscal year ended June 30, 1976, and $266 million for each fiscal year thereafter;

1/Excludes $200 million authorized for title XX child day care in each of fiscal years 1978 and 1979.

however, the appropriation level has been at $56.5 million since fiscal year 1977.

Appendix IV contains financial data on the Federal funding available for child protective services during fiscal years 1976 through 1978 in total and in the States visited during our fieldwork.

SCOPE OF REVIEW

This review was to determine the progress and problems of selected States and localities in identifying, treating, and preventing child abuse and neglect and to identify ways the Federal Government, through the Center, could improve child protective services and better assist States and localities in resolving problems. In examining State and local programs, we used as criteria the Center's draft "Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects." The Center's director identified selected standards as essential elements of an adequate system for identifying, treating, and preventing child abuse and neglect.

We discussed the standards with experts in the child abuse and neglect field and with State and local child protective services officials. These individuals generally agreed that the standards represented essential elements of an adequate system. While we recognize that the Federal standards are still in draft form and subject to revision, we believe the essential standards identified can be used as criteria for the purpose of this review. The standards used in our review are listed in appendix V.

We made our review at HEW headquarters in Washington, D.C., and at HEW regional offices in New York City, Philadelphia, Atlanta, Dallas, and San Francisco. At HEW headquarters we did work primarily at the Center. We also did limited work at HEW's Children's Bureau, a component of the Administration for Children, Youth, and Families, and the Administration for Public Services.

We also did work at child protective services agencies in the following localities and States: Alameda and Sacramento Counties, California; Bronx, New York City, New York; Durham and Mecklenburg Counties, North Carolina; Dallas County, Texas; and Norfolk, Virginia. In selecting States for review, we considered such factors as child population, geographical differences, and whether child protective services were locally or State administered. We believe that the problems we found in the five States visited

generally represent the types of problems being encountered in other States and localities. We contacted other public and private community agencies that were conducting child abuse and neglect activities in the localities we visited. We also contacted State and local chapters of organizations of professionals, such as teachers and physicians, who are required to report suspected cases of child abuse and neglect. (A list of the community agencies and professional organizations we contacted is included as app. VI.)

We reviewed the legislation and regulations pertaining to child abuse and neglect, interviewed agency officials, and examined agencies' records and reports. Our fieldwork was performed from July 1978 to August 1979.

AGENCY COMMENTS AND OUR EVALUATION

In a letter dated January 29, 1980, HEW generally concurred with our recommendations and cited plans or actions to solve many of the problems. (See app. X.) Specific comments concerning our recommendations are summarized at the end of each chapter. HEW's general comments and our evaluation are summarized below.

HEW commented that we should recognize the role and authority vested in the Center by the Child Abuse Prevention and Treatment Act. HEW emphasized that the Center does not have direct authority for implementing standards and delivering adequate and effective services in the States and localities. HEW added that child protective services are provided within a total services delivery context, in which interrelationships exist among service delivery systems, such as the title XX social services program and the title IV-B child welfare program authorized by the Social Security Act, and the Early Periodic Screening, Diagnosis, and Treatment program under Medicaid. According to HEW, the Center has interacted substantially with States and localities to increase the consensus and acceptance of those responsible for implementing the programs.

HEW said it has developed and published policy across all program issues through such documents as the regulations for implementing the act, draft Federal standards, the draft Model Child Protection Act, and many other training and programmatic publications. HEW also commented that, having developed the tools and established the relationships, it must now support the States in bringing about needed changes. HEW stated that we are measuring against the final phase--State and local implementation--for which the Center has no final authority but does have a leadership role that it will be fulfilling more energetically than in the past. According

to HEW, the Administration for Children, Youth, and Families, of which the Center is a component, will provide the leadership, technical assistance, and advocacy in this national effort. HEW also commented that the Administration has a new Commissioner who has stated his support for making leadership and assistance to the States on the prevention and treatment of child abuse and neglect a top priority for the coming year.

HEW's response suggests that most recommendations will be implemented in fiscal year 1980 or 1981. However, we believe the tone of the response is overly optimistic and tends to create the impression that many of the problems are closer to resolution than they actually are. For example, in response to our recommendation that the Center help States assess the extent to which various professionals are or are not reporting abuse and neglect, the Secretary points to the National Study on the Incidence and Severity of Child Abuse and Neglect as the key to resolving these problems and estimates a completion date of fall 1980. (See p. 18.) This study, mandated by the Child Abuse Prevention and Treatment Act of 1974, has been underway over 5 years. Moreover, the response indicates that the study will allow for projections of estimates of the number of known or suspected cases which are or are not being reported by professionals, after which the Center will work with States. The time frame for actually beginning to deal with the problem of professionals not reporting is not clear. In addition, in response to our recommendation that the Center refer to the Secretary any programs that appear to be duplicative or undertaken unilaterally, the Secretary concurred and said that the recommendation would be implemented. (See p. 73.) However, the requirement to do so has already existed in regulations for over 4 years without having been complied with.

Regarding the Center's role and HEW's comment that we are measuring against the "final phase"--State and local implementation--we believe this is an appropriate measure of the extent to which the Center has carried out its legislative mandate. We agree that the Center is not responsible for implementing standards and delivering services in States and localities. We recognize in our report that States and localities are responsible for responding to reports of abuse and neglect and for establishing and operating programs to identify, treat, and prevent the problem.

However, the Center is responsible for assisting States and localities with planning, improving, developing, and carrying out child abuse and neglect prevention, identification, and treatment programs and activities. The States and

localities we visited had significant difficulties in identifying, treating, and preventing child abuse and neglect. In addition, the Center has not clearly and formally made its findings and opinions known. Rather, it has adopted a subtle approach for disseminating information on effective programs to States and localities. Because of these problems, we believe that the Center should improve the quality of leadership and assistance it provides to States and localities in dealing with child abuse and neglect.

HEW commented that the report has not properly credited the Center's contribution in increasing public and professional awareness of child abuse and neglect and the great increase in State and local efforts to address the problem. It contends that the Center's demonstration and service grant programs have broadened community efforts over the past 5 years by bringing multiagency/multidisciplinary attention (such as volunteer and mental health programs, private nonprofit human service agencies, hospitals, law enforcement agencies, and education systems) to the problem. HEW also mentioned the following other measures of the Center's effectiveness:

--Reporting statistics have risen more than 100 percent over the past 4 years alone.

--Treatment services, including multidisciplinary case consultation, 24-hour hotlines for crisis intervention, volunteer parent aide programs, and a number of other resources have become widely available.

--Public awareness of the problem of child abuse and neglect and public attitudes toward its prevention and treatment have changed greatly, as demonstrated by the extensive media coverage of the problem and the focus on helping families rather than punishing offenders.

We recognize that the Center's efforts have aided in the public and professional recognition of child abuse and neglect. Also, we acknowledge that the Center has extensively advocated a multidisciplinary approach for developing and coordinating resources to combat the problem. However, it should be noted that a number of national, State, and community organizations have also contributed to an increased national consciousness of child abuse and neglect. The message of our report is that much more needs to be done to address the nationwide problem of child abuse and neglect.

STATE COMMENTS AND OUR EVALUATION

All five States provided comments on our draft report. Specific comments from each of the States are summarized where appropriate in the report. General comments from three of the States are summarized below.

California

The chief of the Family and Children's Services Branch, California Department of Social Services, stated generally that the information pertaining to California is presented accurately and fairly.

New York

The director of Child Protective Services, New York Department of Social Services, stated that the information pertaining to New York State was presented fairly and accurately. The official, however, commented that the report blames the Center for its alleged failure to provide necessary leadership and direction to States in various activities in which States are deficient. The official does not believe that there is a cause-and-effect relationship between the Center and the States that the report suggests.

We acknowledge that the Center, with its limited funding and staff, cannot be held completely responsible for many of the problems we found in States and localities. However, the problems which States and localities are experiencing in dealing with child abuse and neglect demonstrate a need for the Center, given its responsibilities, to provide greater leadership and assistance.

North Carolina

The director of the Division of Social Services, North Carolina Department of Human Resources, stated that the report is thorough and well documented and should indicate to the Congress the real difficulties States are having carrying out legislative mandates without supporting funds.

The official said, however, that the report does not make it clear that the Federal standards relating to child abuse and neglect are not definitive, have not been validated, and were based on some assumptions about what good practice ought to be. He added that the standards are merely guidelines at this point and will need to be changed as a

result of better practice approaches. The official also stated that our conclusions and recommendations dealing with investigation and treatment issues raised questions about the Center's role in helping States. The official expressed concern that the emphasis on the Center's promoting, emphasizing, and encouraging and advocating standards that are still being evaluated and refined tends to institutionalize concepts that are fluid. However, the official stated that the Center should receive sufficient support in staff and money to help States install elements of good practice.

Our report recognizes that the standards are in draft form. We acknowledge that the standards are subject to change as new knowledge and information are obtained and as public attitudes and acceptance change. We cannot accept the premise, however, that because of the fluid nature of the subject of child abuse and neglect, certain criteria cannot be established and used as a basis for identifying and assessing problems. Obviously, not everyone would agree with all elements of any criteria, whether the topic is child abuse or another social problem.

We did, however, obtain the criteria from the Director of the Center and discussed them with various experts and child protective service officials (including those in North Carolina). As pointed out in our report, we obtained general concurrence that the standards we used represented the essential elements of an adequate system to identify, treat, and prevent child abuse and neglect. To argue against using an approach such as ours, on the basis that it is improper until all aspects of child abuse and neglect programs have been validated, would seem to postpone any assessments of child abuse and neglect programs beyond the foreseeable future. It is also important to note that the Center's standards will not be mandatory for States and localities, but are meant to describe the best knowledge available on prevention and treatment of child abuse and neglect.

CHAPTER 2

THE CENTER SHOULD DO MORE TO HELP STATES GET PEOPLE TO REPORT AS REQUIRED BY LAW

Abuse and neglect must be identified before child protective services agencies can deal with it. Identification is the stage at which an incident of potential abuse or neglect is observed by someone who must then decide whether to report the incident to a child protective services agency. National, State, and community organizations (including the Center) have promoted public awareness of abuse and neglect, and officials believe that these activities have increased the number of abuse and neglect incidents reported. However, additional effort is needed to increase reporting by certain groups of professionals who are in unique positions to observe abuse and neglect and are required by law in most States to report such instances to child protective services agencies. These persons often do not report suspected cases for a variety of reasons and need additional training in how to identify and report abuse and neglect.

PROFESSIONALS ARE RELUCTANT TO REPORT SUSPECTED CHILD ABUSE AND NEGLECT

According to the Center's standards, each State should have a child abuse and neglect reporting law that clearly defines child abuse and neglect, designates the State department of social services as having primary responsibility for all child abuse and neglect efforts, and establishes reporting requirements and procedures--including the mandate that certain groups of persons report instances of child abuse and neglect.

The five States we visited had such reporting laws and required certain persons to report suspected child abuse and neglect cases to a child protective services agency. These persons were usually professionals who come in contact with children. Professional persons often listed in the States' mandatory reporting laws included medical personnel, teachers, social service workers, child care workers, and law enforcement officers. The table below, developed under contract for the Center, shows professionals required in most States and U.S. territories to report suspected child abuse and neglect cases.

Professional	Number of States/ territories
Nurse	46
Social services worker	46
Physician	44
Teacher	44
Dentist	39
Other school personnel	37
Intern	33
Resident	30
Mental health professional	29
Child care institution/worker	28

A Center official told us that it is particularly important that professionals (who have contact with children) report suspected child abuse and neglect, because they are often in positions to obtain help for the families and because their reports have higher substantiation rates than those from nonprofessional sources. According to the American Humane Association, substantiation rates for medical, school, and law enforcement personnel for reports received in 1977 were 56.6, 57.1, and 56.4 percent, respectively, compared to 34.6 percent for nonprofessionals (friends, neighbors, parent/parent substitutes, and victims); also, professional personnel have more experience in screening out cases with insufficient evidence and are in stronger positions to assure that responsible agencies properly investigate reports.

Reports from professional sources account for about 47 percent of child abuse and neglect reports received for 1977, according to a study of national reporting by the American Humane Association.

	Percent
Professional groups:	
Law enforcement	11.6
Education	12.4
Medical	a/11.7
Public social agency	8.9
Child care	1.7
Private social agency	1.1
	47.4
Other:	
Friend/neighbor	17.2
Other relative	13.6
Parent/substitute	7.1
Anonymous	5.9
Victim	1.8
Sibling	.4
Other	6.6
	52.6
Total	100.0

a/Private physicians, 1.7 percent.

Although substantiation rates are higher for professional groups, representatives of State and local professional organizations (including physicians, nurses, teachers, social workers, dentists, psychologists, psychiatrists, and mental health practitioners) told us that members of their professions were not reporting all suspected child abuse and neglect cases. Several State and local child protective services officials expressed the same opinion. These officials stated that such professionals are not reporting suspected cases because they

--lack knowledge of the responsibility to report, what types of cases to report, and to whom;

--were concerned about confidentiality conflicts, pressure by supervisors not to report, and possible lawsuits or reprisal by parents;

--were reluctant to get involved; and

--believe that reporting would not really help and might even aggravate the situation.

In commenting on the draft report, the Commissioner of Virginia's Department of Welfare stated that an additional factor needing attention is a reluctance to report families because of a doubt about whether they will, in fact, receive appropriate and adequate treatment services. He said that underreporting will continue to be a problem until sufficient prevention and treatment resources are available in each community.

Some State officials told us that they do not know what levels of reporting to expect from professionals and that they needed such information to help identify which groups needed particular attention.

TRAINING IS NEEDED FOR IDENTIFYING AND REPORTING CHILD ABUSE AND NEGLECT

According to the Center's standards, education and training should be provided to several professional groups, including health care professionals, mental health practitioners, school personnel, judicial personnel, and law enforcement officers. Generally, the training should cover the indicators of child abuse and neglect, the professional's reporting responsibilities, and reporting procedures.

Most officials we contacted from professional organizations and State and local child protective services agencies believed that professional persons needed to be trained to identify and report child abuse and neglect. Many officials generally believed that the members of their professions had received insufficient training identifying the indicators of child abuse and neglect, clarifying their reporting responsibilities, and how to report. However, officials disagreed about whether the professional organizations, the educational system, or the department of social services should provide additional training. Some representatives from professional organizations believed the department of social services should provide training, while some State and local child protective services officials believed professional organizations should do so.

According to Center officials, State and local child protective services agencies are responsible for assuring that persons mandated to report are trained, since they are responsible for protecting children. A State child protective services agency official stated he believed the Center should encourage national professional organizations to emphasize training to members of the organization's profession.

A Center official said that greater training and awareness could be attained through national professional organizations of persons required to report.

According to a Center official, the Center is to provide the training tools and advocate and give technical assistance for training and continuing education within the professions. The Center has developed and disseminated a training curriculum with specific units for certain groups required to report abuse and neglect, funded training of some groups of professionals, and developed several manuals on child abuse and neglect. Officials in a State we visited said that the State had used the Center's training curriculum and that it was excellent.

CONCLUSIONS

Professionals' reporting of suspected child abuse and neglect needs to be increased, particularly since they are in unique positions to observe the abused or neglected child and their reports are more likely to be substantiated. States and localities need better information to assess how much professionals are not reporting so that appropriate steps can be taken to increase reporting.

Professionals' training and education on child abuse and neglect is insufficient to overcome their reasons for not reporting suspected abuse and neglect.

The Center needs to help resolve the problems that hinder professionals from reporting suspected child abuse and neglect. In addition, the Center needs to help clarify who is responsible for training professionals and take steps to assure that such training is provided.

RECOMMENDATIONS

We recommend that the Secretary of HEW require the Center to:

--Help States assess how much professionals are or are not reporting so that appropriate steps to increase reporting can be taken.

--Identify problems that hinder certain professionals from reporting and attempt to resolve them by such means as working through the Federal agencies most closely associated with the particular profession.

--Encourage responsible professional organizations for persons required to report suspected child abuse and neglect cases to emphasize to their members the importance of reporting suspected cases.

--Help clarify who is responsible for training and educating professionals on how to recognize and report abuse and neglect and on any other matters that may be restricting complete reporting of suspected cases.

AGENCY COMMENTS AND OUR EVALUATION

HEW concurred with our recommendation that the Center help States assess how much professionals are or are not reporting. According to HEW, the Center is assessing the level of reporting by professionals of known or suspected cases of child abuse and neglect in its National Study of the Incidence and Severity of Child Abuse and Neglect, which is to be completed by the fall of 1980. The Center is supposed to use information from the study to work with States. (See p. 9 for our evaluation.)

HEW also concurred with our recommendation that the Center identify and attempt to resolve problems that hinder certain professionals from reporting. According to HEW, the Center has identified the following major barriers to professional reporting: coordination with other agencies, confidentiality issues, and lack of training on reporting. In response to these problems, HEW said that manuals for appropriate professionals have been developed and distributed and that the Center is currently working with HEW's Alcohol, Drug Abuse, and Mental Health Administration to address the serious problems inherent in Federal confidentiality regulations governing workers in federally funded programs and their impact on reporting. HEW added that additional time and staff resources will be allocated to work more closely with Federal agencies that can influence professionals to fulfill their reporting responsibilities. The Law Enforcement Assistance Administration and the Department of Education are to be priority agencies for such increased efforts.

HEW concurred with our recommendation that the Center encourage responsible professional organizations to emphasize to their members the importance of reporting suspected cases. HEW listed a number of influential organizations that are being encouraged to provide information to members on

reporting responsibilities and to influence professional schools to offer curriculums on child abuse and neglect. We recognize in our report that the Center has developed a training curriculum and several manuals on child abuse and neglect and has funded training of some groups of professionals. However, we found that many professionals are not reporting suspected cases and believe that the Center could encourage greater reporting by working more closely with professional organizations.

HEW agreed that clarification of responsibility for training and educating professionals on how to recognize and report abuse and neglect is needed. HEW said that one of the Center's immediate priorities is to work with States to clarify that responsibility. In doing so, the Center plans to use 10 regional child abuse and neglect resource centers to coordinate the necessary resources and technical assistance. According to HEW, the Center has supported (1) a policy for all agencies with roles relating to abuse and neglect to provide in-service training for their employees and (2) the organization of community child protection committees whose responsibilities include insuring that training is provided for professionals, paraprofessionals, and volunteers. However, because disagreements have occurred regarding who is responsible for training, we believe that it is important to assure that training is provided.

CHAPTER 3

THE CENTER SHOULD DO MORE TO HELP STATES IMPROVE THE INVESTIGATION OF REPORTS

The primary purpose of the investigation is to determine whether the reported child abuse or neglect actually exists within the family. If abuse or neglect is established during the investigation, the degree of risk it presents to the child must be assessed and a decision made on what intervention is appropriate. In practically all States, child protective services caseworkers are responsible for investigating reported child abuse and neglect.

The States and localities visited lacked the capability to conduct adequate investigations, as recommended by the Center's standards. Community definitions and standards for investigating reports had not been developed, investigations were not always conducted promptly after receiving all reports, and sufficient qualified staff were not available for investigations. The Center should do more to help States solve these problems and to improve the investigation of reports.

USE OF COMMUNITY DEFINITIONS AND STANDARDS FOR DETERMINING INTERVENTION STRATEGIES IS LIMITED

According to the Center's standards, local child protective services agencies should have community definitions and standards for identifying emergency child abuse and neglect situations and for determining intervention strategies. Such definitions and standards should help assure that local units evaluate reports consistently and respond appropriately. The definitions and standards should be developed by the local unit (with community assistance) and be based on State law as well as community and professional expectations of adequate care. Physical abuse, sexual abuse, physical neglect, emotional abuse and neglect, and institutional abuse and neglect should be defined.

The localities visited did not have community definitions and standards to help child protective services staff make case decisions. According to local officials, child protective services workers were basing intervention decisions on their personal definitions and standards--as a result, some clients might get help while others in similar circumstances might not. A State official contacted also

said that a lack of community definitions and standards could impair public education programs and other attempts to clarify for the community what constitutes child abuse and neglect.

States and local officials agreed that community definitions and standards are needed, but they disagreed about who should be responsible for developing them--the State, the local child protective services unit, or the community. This disagreement and the low priority given to developing community definitions and standards were the primary reasons cited by local officials for not having them.

The Center has provided limited assistance to States and localities in developing and using community definitions and standards. Officials cited several publications that contained model definitions and sponsorship of symposia and workshops as their main assistance in this area. They acknowledged that the responsibility for developing community definitions and standards needs more clarification. Center officials and several experts preferred that the definitions and standards be developed by States and supplemented, if necessary, by localities.

REPORTS ARE NOT INVESTIGATED WITHIN RECOMMENDED TIME FRAMES

According to the Center's standards, local child protective services units should intervene immediately in emergencies and within 24 hours after receiving a report in other cases. The Center identified all complaints of physical abuse, sexual abuse, and child abandonment as emergencies warranting immediate attention and considered timely intervention critical to helping the child and parents.

Officials in all locations told us that their child protective services units were not investigating reports within the time frames recommended by the Center. All officials said they were starting investigations of emergencies (as determined by caseworkers or supervisors) within 24 hours, but their criteria for emergencies sometimes differed from the Center's. For instance, officials said some reports of sexual abuse (such as incest) are not emergencies because they usually have occurred over a long period of time and pose no immediate danger to the child. The time frames for investigating nonemergencies varied in the localities visited from 1 to 14 days.

Locality	Time frame within which investigations are started (days)
Alameda, Calif.	5
Sacramento, Calif.	3
Bronx, N.Y.	1
Durham, N.C.	3-5
Mecklenburg, N.C.	2
Dallas, Tex.	a/1-10
Norfolk, Va.	14

a/Time frame covers 95 percent of cases.

Most officials said that investigations were not started sooner because the local units do not have sufficient staff. The officials indicated that nonemergency reports were affected most; however, one State official said that some local units lacked sufficient staff to respond to all emergencies within 24 hours.

State and local officials said that many problems arise because reports are not investigated promptly as recommended by the Center. The investigation may be less effective because the evidence needed for assessing and diagnosing the situation changes while the potential for harm to the children persists. Also, the confidence of the public and potential reporters in the capabilities of protective services is diminished.

Center officials said that the problems that hinder States and localities from properly intervening in emergencies are large caseloads and a lack of 24-hour capability to receive reports in some States. The Center's assistance has generally consisted of publications and a training curriculum to improve investigation procedures. Center officials also acknowledged they needed to reconsider some of the situations (particularly sexual abuse) listed as emergencies in the standards.

SUFFICIENT AND QUALIFIED INVESTIGATIVE STAFF ARE NOT AVAILABLE

According to the Center's standards, investigation and treatment of abuse and neglect cases should be handled by separate child protective services staffs. In addition, separate investigative and treatment staffs facilitate an

immediate response to all reports as well as more intensive case management and provision of treatment services. According to the standards, the investigation staff should have manageable caseloads and academic and experience qualifications. In addition, the staff should receive training on the State law, reporting requirements and procedures, diagnosis and assessment of cases, and use of community resources.

Localities lacked sufficient investigative staff

The lack of sufficient qualified staff was a significant problem in every State and most localities visited. Officials acknowledged in one location that some reports were not being investigated and in others that the timeliness, comprehensiveness, intensity, and accuracy of many investigations were adversely affected because of insufficient staff. We were also told that high caseloads created problems in hiring and keeping staff.

Although State and local officials generally agreed that sufficient staff is necessary for timely and adequate investigations, some disagreed with the specific caseloads and supervisor-to-worker ratios prescribed by the Center (caseload 12-18; supervisor-to-worker ratio 1:4) and with the need for separate investigative and treatment units. One local official thought the maximum caseload should be 10 cases per worker; two others preferred a maximum caseload of 20. Several officials thought that a supervisor-to-worker ratio of 1:5 or 1:6 was adequate.

The officials who disagreed with the need for separate investigative and treatment staffs cited the following benefits from not separating the staff:

--Less staff is required.

--Client rapport is maintained after the investigation if the same worker also provides or arranges for treatment.

--Staff turnover is reduced because the stress of investigative work is shared by more workers.

Two States (Virginia and North Carolina) and five localities (Dallas, Bronx, Alameda, Durham, and Sacramento) had caseload standards for investigative staff. However, neither State and only three localities (Dallas, Bronx, and Alameda) advocated caseload standards within the Center's standards.

As shown below, reported estimated caseloads and supervisor-to-worker ratios in the States and some localities significantly exceeded those recommended by the Center.

State/locality	Estimated average caseloads	Supervisor/ worker ratio
California:	a/10-39	
Alameda	10	1 to 6-7
Sacramento	a/28	a/1 to 8
New York:	a/20-80	
Bronx	17-18	1 to 4.5-5
North Carolina:	a/30-80	
Durham	10-30	1 to 5
Mecklenburg	a/39	a/1 to 4.5
Texas:	a/44-65	
Dallas	15	1 to 6
Virginia:	a/30-60	
Norfolk	a/40-45	a/1 to 6

a/Investigation and treatment were not separated.

Some localities that compared favorably to recommended standards were also having problems. Local officials in Dallas told us that they kept their caseloads low by not investigating all reports of child abuse and neglect. (The deputy commissioner, financial and social programs, Texas Department of Human Resources, informed us that all reports of abused and neglected children are investigated by the Dallas County Child Welfare Agency and attributed our understanding of the agency's practice to a problem of semantics.) Durham used social services workers not trained in or assigned to child protective services to perform investigations.

State and local officials cited inadequate funding as the primary reason for not having sufficient staff. Child protective services was one of many social service programs competing for funds, and States and localities had different priorities for allocating funds. One local official stated that local authorities approved hiring additional child protective services workers, but did not authorize additional funds for the salaries; instead, the local social services director was told to find the funds to hire the new staff within his current budget. The director cut back on another service to hire part of the needed staff, but he could not cut other services enough to hire all the additional child protective services staff needed.

Local staff lacked recommended academic qualifications

According to the standards, the investigative supervisors should have

--a master's degree in social work and

--a background in child welfare services that includes at least 2 years of experience in protective services and 1 year in assessing client needs for child welfare, mental health, or other social services.

The child protective services investigative caseworkers should have

--a master's degree in social work or a related discipline (preferable) or a bachelor's degree in social work,

--a background in child welfare services that includes at least 1 year of experience in protective services,

--highly developed social work and crisis intervention skills, and

--knowledge of child development.

About one-third of the investigative staff in six localities visited (in which we could determine staff qualifications) did not have the academic qualifications recommended by the Center. According to many State and local officials, unqualified investigative staff adversely affect the quality, timeliness, and uniformity of investigative casework and increase the demand for basic training in child protective services. One official also said that it places staff under additional stress, which causes them to become frustrated and increases the potential for staff turnover or burnout.

Child protective services workers come from various educational and work backgrounds, are rarely trained in protective services, and have a job expectancy of 2 years, according to a 1978 report on the status of child protective services in one State visited. The report also disclosed that the most experienced workers in child protective services agencies usually shy away from the stress and emotional strain of protective services.

None of the State personnel systems under which child protective services staff are hired required minimum qualifications as extensive as those recommended by the Center. 1/ The States' minimum qualifications for child protective services workers were the same as for any other social worker, generally a bachelor's degree from a 4-year college. Supervisors of child protective services workers, like other social work supervisors, were required to have a bachelor's degree from a 4-year college and 2 years of experience in social work. New York State law required staff to have "sufficient qualifications," but the law did not define "sufficient."

The reported academic qualifications of many of the child protective service workers and a few supervisors in the localities visited did not meet those recommended by the Center.

	Caseworker			Supervisor		
Locality	Total	Meet academic qualification requirements	Fall short of academic qualification requirements	Total	Meet academic qualification requirements	Fall short of academic qualification requirements
Alameda, Calif.	14	6	8	2	2	0
Sacramento, Calif. (note a)	34	34	0	6	6	0
Bronx, N.Y.	105	(b)	(b)	21	(b)	(b)
Durham, N.C.	5	4	1	1	0	1
Mecklenburg, N.C. (note a)	9	4	5	2	2	0
Dallas, Tex.	30	5	25	5	4	1
Norfolk, Va. (note a)	17	13	4	3	1	2

a/Intake and treatment were not separated.

b/Not available.

1/In commenting on our draft report, the chief of the Family and Children's Services Branch, California Department of Social Services, stated that California regulations require that child protective services supervisors have master's degrees and that at least 50 percent of the child protective services workers possess such degrees, and these requirements are more extensive than those prescribed by the Center. However, the official added that the State grants waivers to the regulations in some instances if county social services departments submit a plan for bringing their staff up to regulations. A California State official told us that several counties have requested and received such waivers.

Many officials did not consider the Center's qualifications to be essential, even though they said staff with these qualifications would be desirable. Some said that hiring staff with the recommended academic qualifications was unrealistic for localities and that well-trained staff with lower academic qualifications would be adequate. State officials said localities frequently have not hired staff with higher qualifications because they lacked adequate funds for higher salaries.

Current training does not meet staff needs

Unqualified staff increases the demand for basic and ongoing training; however, according to many State and local officials, the current staff training does not meet their needs or fulfill the Center's recommendations. For instance, an official in New York said that 75 percent of their local child protective service workers have received less than the minimum training needed for the basics of child protective services. The effect of inadequately trained staff, according to State and local officials, is the same as the effect of not having sufficiently qualified staff--that is, poor quality investigations. They cited the need for training in case management, child development, gathering and interpreting evidence, and legal aspects and court processes.

According to State and local officials, the primary reason for not providing more training was the lack of funds. We identified several problems that hindered State and local use of title XX of the Social Security Act. Several State officials mentioned problems with securing these funds from the HEW regional offices and complained that HEW's interpretations of the Federal regulations covering these funds were unclear, restrictive, and not timely enough to assure the proper use of funds. An official from HEW's Administration for Public Services told us that the agency had heard these complaints from several States and plans to review the regulations during fiscal year 1980. In another State visited, the head of child protective services was not aware of how to request title XX funds for staff training needs.

Limited assistance from the Center

Center officials were aware that many localities do not have sufficient qualified staff to adequately investigate reports of child abuse and neglect. They told us that the Center is responsible for encouraging States and localities

to adopt prescribed caseloads and supervisor-to-worker ratios and to improve the qualifications of child protective services staff, but not for assuring that sufficient qualified staff is hired. Officials also said the Center is responsible for facilitating ongoing training on the basics of child protective services and on special problems (such as sexual abuse).

The Center has been actively facilitating training of child protective services staff. The Center's training assistance began in 1974, when it contracted for the development of a training curriculum entitled "We Can Help," which dealt with reporting, investigating, and treating child abuse and neglect. While this curriculum was being developed, consultants under contract with the Center provided training in States and localities on child abuse and neglect diagnosis and treatment. The Center's training curriculum was later tested and distributed to States. State and local officials recognized the "We Can Help" curriculum as the National Center's primary training assistance to date. They considered it adequate, and some States were using it as part of their own curriculum.

According to a Center official, the only assistance provided to States and localities on the quantity of child protective services staff was copies of the Federal standards. We were told, however, that the Center distributed a revised training curriculum in October 1979. Also, it plans to later distribute technical assistance kits to be developed under a 2-year contract awarded in September 1979 that will inform States and localities about several alternatives caseworkers could use to reduce or better manage their caseloads. These alternatives included improvements to the child protective services system, such as providing comprehensive emergency services that result in fewer children being removed from their homes, having case plans, and using central registers for case management. Other alternatives were to increase referrals to Parents Anonymous and the use of contracted services.

CONCLUSIONS

Child protective services staffs are not meeting the Center's recommended standards on investigating all reports of child abuse and neglect. Local units do not have clear, consistent criteria for staff to use in deciding whether a report is valid and, if so, which intervention strategy to use. Local units also lacked sufficient qualified staff

to assess emergency and nonemergency situations in a timely manner and with sufficient expertise. The Center needs to do more to help States and localities overcome the problems that hinder prompt and adequate investigations, particularly insufficient staff.

RECOMMENDATIONS

We recommend that the Secretary of HEW require the Center to:

--Help resolve the disagreements about whether definitions and standards should be developed by the State, the local child protective services unit, or the community.

--Encourage the use of definitions and standards for community education and for decisions on what constitutes child abuse and neglect.

--Emphasize the importance of investigating all child abuse and neglect reports within 24 hours and encourage States and localities to incorporate this requirement into their policies and procedures.

--Encourage State and local agencies to increase their minimum qualifications for child protective services investigative staff to meet those recommended by the Center.

--Identify alternatives that can be used to increase staff or otherwise deal with excessive caseloads within staffing constraints. The alternatives should include ways to increase funding (such as assuring all potential funding sources are used and improving the agency's competitiveness for social service funding). The alternatives for dealing with excessive caseloads within staffing constraints should include ways to obtain support from public and private community agencies and ways to make more efficient and effective use of existing child protective services staff.

AGENCY COMMENTS AND OUR EVALUATION

HEW did not agree with our suggestion that the Center resolve disagreements about whether definitions and standards should be developed by the State, the local child

protective services unit, or the community. HEW said the conceptual framework for definitions and standards in the draft Federal standards and draft Model Child Protection Act developed by the Center have been widely distributed. Furthermore, HEW said that States have the final authority for legal definitions of abuse and neglect and that practicing professionals and the community, using the legal framework provided by State law, must be involved in developing operational definitions for maximum effectiveness in guiding actual case decisionmaking.

We recognize that the Center has developed model definitions and standards in its draft Model Child Protection Act and draft Federal standards. However, we found that disagreements about who should develop such definitions and standards was a major reason why localities did not have them. We have modified our suggestion to make clear we do not believe that the Center's definitions and standards should be forced on States, but that the Center should attempt to mediate or resolve disagreements about whether definitions and standards should be developed by States or localities so that child protective services staff can use them to make case decisions.

HEW concurred with our recommendation that the Center encourage the use of definitions and standards for community education and for decisions on what constitutes child abuse and neglect. It said the Center has invested significant resources in developing definitions and standards in its training materials and conferences and will continue to do so. According to HEW, the Center is working with five national resource centers to develop and disseminate definitional materials directed at minority populations. HEW added that operational definitions used in its National Study on the Incidence and Severity of Child Abuse and Neglect will be disseminated nationwide.

HEW concurred with our recommendation that the Center emphasize the importance of investigating all child abuse and neglect reports within 24 hours and encourage States and localities to incorporate this requirement into their policies and procedures. HEW plans to address this problem through (1) triennial program reviews of the Child Welfare Services program in each State, beginning in fiscal year 1980, (2) State and local child welfare services self-assessment guidance highlighting the problems, and (3) the Center's highlighting both the problem and the importance of timely investigations of child abuse and neglect reports in the Federal standards, training curriculum, user manuals, and supervisory training packages for child protective services.

HEW concurred with our recommendation that the Center encourage State and local agencies to increase their minimum qualifications for child protective services investigation staff. HEW commented that recognition must be given to the major barriers within States involving union and civil service procedures. It mentioned that the Children's Bureau is (1) refining its staff qualifications guidelines for child welfare service workers, focusing on guidelines for entry-level personnel and career development with educational preparation and in-service training, and (2) supporting improvement of professional training in schools of social work. HEW added that the Center supports training activities through its curriculum and regional resource centers. According to HEW, the Center expects to award demonstration grants in fiscal year 1981 to improve the qualifications of child protective services staffs.

HEW concurred in principle with our recommendation that the Center identify alternatives that can be used to increase staff or otherwise deal with excessive caseloads within staffing constraints. HEW stated that the departments of social services, which include child protective services, depend upon State decisionmaking to allocate financial and staff resources. Because State legislatures decide how to allocate resources and the process of convincing them to increase resources involves documenting needs, HEW does not see any appropriate or effective role for the Center. HEW said, however, that other HEW agencies, such as the Administration for Public Services, may assist in documenting child protection needs.

We believe that HEW has overlooked an appropriate or effective role for the Center in assisting States with perhaps their greatest problem--obtaining sufficient qualified staff. Although we recognize that the Center does not have decisionmaking authority for allocation of resources, we believe that there are opportunities for the Center to assist child protective services agencies in obtaining additional staff or better using their existing staffs. If HEW believes that better documented needs would likely result in additional resources for child protective services and that HEW's Administration for Public Services could assist in documenting such needs, we believe that the Center should inform States and localities about such assistance. Furthermore, we believe that the Center could assist States in dealing with excessive caseloads by identifying alternatives, as mentioned in our recommendation, to improve the performance of child protective services staffs in managing their caseloads.

STATE COMMENTS AND OUR EVALUATION

Virginia

The Commissioner, Virginia Department of Welfare, stated that the recommendations that investigations of all reports take place within 24 hours and that the minimum qualifications of investigative staff include a master's degree (standards recommended by the Center) are unrealistic. He stated that all new reports could not be handled within 24 hours even if additional staff were available. He further stated that such a time frame for investigations is unnecessary because many of the complaints concern neglect, often involving chronic situations that, once intervention takes place, require a long time to remedy and need not be treated as crisis situations. In referring to qualifications for child protective services staff, the Commissioner stated that other factors, such as experience, attitude, and participation in a training or certification program, may be far more valuable than a master's degree.

We recognize that some officials may disagree with the criteria we used in evaluating State and local child protective services programs. However, in designing the methodology for our review, we asked the director of the Center to identify the essential elements of an adequate system to identify, treat, and prevent child abuse and neglect. We also discussed the criteria with experts in the child abuse and neglect field and with State and local child protective services officials. These experts and officials generally agreed that the criteria represented the essential elements of an adequate system.

CHAPTER 4

THE CENTER SHOULD DO MORE TO HELP STATES IMPROVE TREATMENT CAPABILITIES

Treatment is to meet the needs and solve the individual problems of both abusive or neglectful parents and their children. Treatment strives to help parents meet their own needs, to recognize and meet their children's needs, and to establish satisfactory interaction between them and their children. Treatment essentially involves identifying needs, providing services to meet the needs, and periodically monitoring service delivery.

The States and localities visited had not adequately developed capabilities for treatment. Multidisciplinary teams were not widely used for diagnosing treatment needs, the development and use of documented treatment plans was not assured for all cases, adequate treatment resources were not available, the use of central registers for case management was limited, sufficient qualified staff were not available, and legal assistance for child protection agencies was inadequate.

The Center needs to stress to States and localities the importance of adequate treatment capabilities and identify solutions for the problems hindering States' development of treatment capabilities.

USE OF MULTIDISCIPLINARY TEAMS FOR DIAGNOSING TREATMENT NEEDS WAS LIMITED

According to the Center's standards, local child protective services units should use multidisciplinary case consultation teams to identify the treatment needs of clients on difficult cases. The rationale for the team approach is that, since child abuse and neglect has legal, medical, and social implications, abusive and neglectful families' problems are best dealt with by several disciplines.

A team is composed of professionals from various disciplines--often representing different agencies--working together for well-defined purposes. These purposes have included coordination, identification of client needs, prevention, treatment, consultation, and education. The child abuse and neglect experts contacted generally agreed that multidisciplinary teams should be used for difficult

cases. A Center official said that there is no reliable research available to show that multidisciplinary case consultation teams provide better assessments of treatment needs than individual caseworkers. Nevertheless, he said that the Center believes that the team approach

--provides better assessments of clients' treatment needs,

--provides better treatment planning and delivery,

--breaks down different agency barriers in providing treatment, and

--protects the caseworker by involving other professionals in decisionmaking.

According to a Center official, information on the availability of teams revealed that 24 1/ of 56 States and territories had multidisciplinary teams available for less than 50 percent of their population in January 1979. The use of teams was limited in the States and localities we visited. Although the following statistics are not comparable, according to State officials, multidisciplinary teams were established as follows:

California:	20 to 25 of the 58 counties in the State had teams.
New York:	20 to 25 percent of the child protective services agencies used teams for case diagnosis.
North Carolina:	25 to 30 of the 100 counties in the State had teams.
Texas:	8 teams in 7 cities.
Virginia:	38 teams in the State performed case consultation.

Only four of the seven localities visited had case consultation teams. The teams met weekly or biweekly to consider

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1/Data were not available for HEW region II (which includes New Jersey, New York, Puerto Rico, and the Virgin Islands) and Georgia.

usually one or two cases. Officials contacted cited several reasons why teams were not more widely used, including:

--The lack of State child protective services policies requiring each locality to use teams.

--Low priority assigned to using teams.

--The lack of staff to organize and use teams.

--Insufficient funds to use teams.

According to a Center official, the Center has neither strongly advocated using the team nor defined the specifics of how it should function in case consultations; however, a multidisciplinary approach for developing and coordinating resources has been extensively advocated.

Officials in States and localities visited cited the need for (1) information on the value of multidisciplinary teams and the experiences of those who have used them, (2) technical assistance in establishing teams, (3) financial assistance and staffing for implementing teams, and (4) assistance in resolving confidentiality concerns among agencies.

THE DEVELOPMENT AND USE OF DOCUMENTED TREATMENT PLANS FOR CASE MANAGEMENT WAS NOT ASSURED FOR ALL CASES

According to the Center's standards, local child protective services agencies should develop a written individualized treatment plan for each family and each family member involved with child abuse and neglect. A Center official told us that such plans provide

--a method for clearly identifying clients' problems and documenting casework activities designed to solve the problems,

--documentation of casework activities (which is valuable when court intervention or caseworker turnover occurs), and

--a means for deciding when to close cases.

The child abuse and neglect experts contacted generally agreed that local child protective services agencies should develop written treatment plans.

Officials in most State child protective services offices visited either did not know the extent to which treatment plans are prepared and documented or said such plans were not documented for all child abuse and neglect cases. Officials at three State offices (Virginia, California, and Texas) stated that they did not have information on the extent to which such plans are developed. However, officials in two State offices (North Carolina and New York) acknowledged that treatment plans were not documented for all child abuse and neglect cases. In fact, one State official said that the preparation of individual treatment plans for each family and family member was the exception rather than the rule in most localities in the State.

Officials in most localities visited indicated that treatment plans were not always prepared or used. According to officials in two local child protective services offices (Sacramento and Alameda), documented treatment plans were not always developed for child abuse and neglect cases. A Sacramento official said that about 75 percent of the agency's child protective caseload probably did not have documented treatment plans because they were short term (90 days or less). 1/ Officials in Durham said that all cases have a service plan; however, it may be included in the case narrative, a letter, or service agreement rather than as a separate document.

Treatment plans were not always prepared before service delivery began, according to officials in two localities (Mecklenburg and Norfolk). An official in one of these localities said treatment plans were essentially after-the-fact documentation of services the client had received. The official said caseworkers do not have enough time to meet with the client, write down a treatment plan, consult with the client about the plan, and revise the plan.

Officials generally attributed problems with the documentation and use of treatment plans to inadequate staff and treatment services. Some officials said that insufficient staff and high caseloads have created time demands on caseworkers, which hinder the documentation and use of treatment plans.

1/In commenting on our draft report, the chief of the Family and Children's Services Branch, California Department of Social Services, said that the State's current regulations require a service plan but proposed regulations will require even more specific treatment plans.

ADEQUATE TREATMENT RESOURCES WERE NOT AVAILABLE

According to the Center's standards, a range of services should be available for treating child abuse and neglect cases. Such services, which should be available regardless of the family's income, include:

--Day care for children--including therapeutic day care.

--Homemaking services.

--Medical diagnosis and followup visits for all family members, as necessary.

--Social, psychological, and psychiatric evaluations and treatment for each family member, as necessary.

--Emergency 24-hour shelter for children, adolescents, and families.

--Emergency financial assistance.

--Transportation.

--Infant stimulation programs. 1/

--Individual or group counseling and tutoring services for children and adolescents.

--Housing and household assistance.

--Employment, job training, and counseling.

--Information and referral.

A Center official said that this list, although not all inclusive, contains the services generally accepted as appropriate for treating child abuse and neglect. We were told the Center had not attempted to validate how successful the services are because the services are generally accepted as appropriate; however, the Center planned to evaluate the effects of services individually and in various combinations

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1/Infant stimulation is defined as interaction with an infant, such as touching, holding, or talking, which influences the child's development.

with existing service delivery systems through some 2- to 3-year service improvement grants funded in 1978.

The child abuse and neglect experts contacted generally agreed with the services listed, although some added others to the list. Officials in the States and localities visited generally agreed that the services identified by the Center were appropriate, although some questioned whether certain services (such as infant stimulation programs) were essential. Some State and local officials also suggested additional services, such as (1) alcohol and drug abuse counseling, (2) battered wives shelters, (3) 24-hour self-referrals for parents, (4) legal services and guardians for abused children, (5) parent aides, (6) parenting programs, and (7) home economics.

Officials from the States and localities visited told us that services were not available in sufficient quantities for treating all child abuse and neglect clients. Services cited frequently as not available in sufficient quantities were (1) emergency 24-hour shelter, (2) emergency financial assistance, (3) day care, (4) transportation to services, (5) housing and household assistance, and (6) homemaker services. A Center official told us that the Center had limited information on the availability of treatment services but that such information would be obtained from a planned child welfare study to be funded by HEW's Children's Bureau.

The primary reason cited by officials for insufficient services was a lack of funding. The officials also said income eligibility requirements for some services and the lack of cooperation among service agencies hindered service delivery to child abuse and neglect clients. State and local officials cited the following adverse consequences when insufficient treatment services were available for child abuse and neglect cases.

--Services were provided on a priority basis and clients were on waiting lists.

--Caseworkers were inhibited in securing treatment for families with multiple problems.

--Unmet client needs resulted in an increased potential for recurrence of abuse and neglect.

--Caseworkers use foster care and institutional placement more frequently.

The Center is responsible for encouraging States and localities to provide sufficient services for treating child abuse and neglect cases, according to a Center official. However, the official said that, because of limited funding, efforts to carry out this responsibility have been limited to

--advocating the abuse and neglect services in newletters and through the regional resource centers,

--spotlighting services in conferences and publications, and

--funding grants to improve services in selected locations.

An official said that, with additional staff, more could be done to coordinate child abuse and neglect efforts with other Federal programs, such as:

—Testifying in budget hearings for other programs that serve child abuse and neglect cases.

--Working toward changing eligibility requirements of service programs to facilitate services for child abuse and neglect cases.

--Encouraging other Federal programs to publicize the services available for child abuse and neglect cases.

DISAGREEMENTS OVER CASE FOLLOWUP NEED RESOLVING

According to the Center's standards, child protective services agencies should monitor the delivery of services to child abuse and neglect cases. The Center believes that treatment caseworkers should review the family's use of treatment services and the child's placement outside of the home at least every month and that they should make a followup visit within 45 days after closing a case. A Center official said monthly monitoring visits are needed to protect clients since longer time frames could allow the situation to deteriorate between visits. Followup visits on closed cases are needed to assess the situation and to decide whether the case should be reopened.

State and local child protective services officials contacted generally agreed with monthly monitoring of child abuse and neglect cases; however, most disagreed with

followup visits on closed cases. Officials said that such followup visits would violate the family's privacy and are inappropriate. None of the local child protective agencies we visited routinely follow up on closed child abuse and neglect cases, as recommended by the Center. Several local officials said that large caseloads restricted the frequency of case monitoring.

THE USE OF CENTRAL REGISTERS FOR CASE MANAGEMENT WAS LIMITED

According to the Center's standards, States should operate a child abuse and neglect central register to assure that children's and families' rights to prompt and effective services are protected. A central register is essentially a depository for recording and monitoring certain information on suspected or confirmed cases. A properly operated register, according to the Center, can be used to

- --facilitate management planning by providing statistical data on the characteristics of reported cases and their handling;
- --assist in assessments of danger to children by providing or locating information on prior reports and prior treatment efforts;
- --encourage reporting of known and suspected child abuse and neglect by providing a convenient hotline for reporting, a focus for public and professional education campaigns, and convenient consultation to caseworkers and potential reporters; and
- --assist in managing cases by monitoring followup reports from local child protective services agencies, by producing reports on missing or overdue information about cases from local agencies, and by assessing case information, such as types of services offered and received, case review conclusions, and reasons for case termination.

A Center official told us that the State child protective services agency is responsible for assuring that services are provided to all child abuse and neglect cases and that a central register is essential for fulfilling this responsibility. However, some experts disagreed with the use of a central register for case management because they believed this was a responsibility of the caseworker's supervisor.

Most States had central registers. According to a September 1978 report prepared for the Center, child abuse and neglect reporting laws in 39 States, 2 territories, and the District of Columbia mandate central registers. Except in one State (California), where the register was within the State's Department of Justice, these laws placed central registers within the State department of welfare or social services. In addition, seven States and one territory (Georgia, Indiana, Kentucky, Wisconsin, Kansas, North Dakota, Maine, and Puerto Rico) had central registers as a matter of administrative policy. Only four States (Minnesota, New Mexico, Utah, and West Virginia) had no registers of child protection cases.

Central registers were used differently in the States we visited. In Virginia and New York, the registers were used to gather overall statistics on reported cases of abuse and neglect, assist in identifying persons with previous involvement with abuse and neglect, and, to some extent, to assist in case management. North Carolina and Texas registers were used for overall statistical purposes, and the California register was used for law enforcement purposes.

We believe that several problems with the central registers in the States visited precluded the State child protective services agencies from using them to assure that prompt and effective services were provided to abuse and neglect cases. The problems concerned essentially completeness of data in the registers and the capability/use of the registers to identify missing or incomplete information on individual cases. The registers in California and North Carolina did not contain all child abuse and neglect cases reported to local child protective service agencies, according to officials contacted. For example, statistics in California indicated that the register received about 5,000 to 6,000 reports annually, whereas child protective agencies received more than 60,000 reports annually. An official at a local child protective service agency in North Carolina said caseworkers were frequently late in reporting cases to the register and sometimes did not report them at all.

North Carolina and California did not use the registers for case management. New York's use of its register for monitoring local child protective services agencies' actions on ongoing cases was limited to certain child abuse and neglect cases, such as special risk cases. Virginia operated an automated central register that could identify previous child abuse and neglect reports and produce exception reports on missing followup reports from local child protective

services units. However, the register did not include information on the services provided to clients to help assure that children and families received effective services. Officials in Texas said that a recent court decision had seriously impaired the use of their register for case management.

There were many reasons for the problems with the central registers. In California the Department of Justice operated the register for law enforcement purposes rather than to meet social service needs. Information in the central register was provided from police crime reports, which were mailed in after a case was investigated and closed. We were told that local welfare departments in the State were reluctant to report all child abuse and neglect cases to a law enforcement agency. Furthermore, an official in a local child protective services agency told us that agency officials did not query the State's central register unless they suspected prior criminal convictions; if there were prior convictions, the officials usually checked the local police departments first because that was where the complete crime reports were maintained. A State child protective service official told us that they had no mechanism for accumulating adequate statistical reports, identifying duplicate cases, or standardizing case management because the Department of Justice operated the register.

In Texas, the register was designed essentially as a specialized information register and retrieval device to help investigate suspected child abuse and neglect cases. However, because of a Federal court decision 1/ the system

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1/In 1977 a Federal district court held that a Texas statute, which allowed the State Department of Public Welfare to establish and maintain a central registry of reported cases of child abuse or neglect without a judicial determination of abuse or neglect, represents an unconstitutional infringement on the parents' right of privacy and the guarantees of due process. Upon appeal, the U.S. Supreme Court held in June 1979 that the Federal district court should not have exercised its jurisdiction because there had been proceedings pending in a State court that would have afforded the parents an adequate opportunity to raise claims of constitutional violations. Consequently, the Supreme Court reversed the judgment of the district court and instructed that the complaint in that court be dismissed. Moore v. Sims, 47 U.S.L.W. 4693 (1979). As of November 1979, no action had been pursued in State court.

was modified to show the names of persons in the incident only on cases in which there has been a judicial determination of abuse or neglect. Other incidents were entered only as statistical reports, with no names. According to State officials, the register was of little value in identifying individuals involved in previous child abuse and neglect reports or for case management purposes.

Officials in North Carolina operated the register for overall statistical or program purposes, rather than as a case management tool. A State child protective services official did not believe that his office should use its register for case management. According to the official, the local child protective services agencies have legal responsibility for providing child protection, and delays in obtaining case information and the distance of the State office from the local agencies make it impractical for the State office to act on individual cases. A local child protective services official in the State also stated that caseworkers were delinquent in reporting cases to the register because they did not have time to report or did not believe that reporting was worthwhile.

The Center has helped States establish and use central registers in various ways. It has published and disseminated the Federal standards and the proposed model child protection act (which include discussions of central registers), developed (under contract) models on operating registers, sponsored a conference on the data aspects of child protection services, and established as a priority the use of grant assistance funds for establishing or upgrading central registers. According to the Center, 18 States have used their State grant assistance funds for establishing or upgrading central registers. Officials in Virginia stated that they would not have been able to develop and operate their central register without Federal assistance.

SUFFICIENT AND QUALIFIED TREATMENT STAFF WERE NOT AVAILABLE

According to the Center's standards, local child protective service agencies should have sufficient and qualified staff to treat child abuse and neglect cases. The Center recommends specific caseload levels and basic academic and experience qualifications for treatment supervisors and caseworkers. Specifically, the treatment supervisors should have

--supervisory responsibility for up to five workers;

--a master's degree in social work;

--a background in child welfare services that includes at least 2 years of experience in protective services and another year of experience in providing specialized treatment services; and

--specialized skills in individual, family, and group counseling.

The treatment services workers should have

--a caseload of 20 to 25 cases;

--a master's degree in social work or a related discipline (preferable) or a bachelor's degree in social work;

--at least 1 year of experience in child welfare services;

--specialized skills in individual, family, and group counseling; and

--knowledge of child development.

Most State and local child protective services officials contacted agreed that sufficient treatment staff was necessary, although several disagreed with the specific caseload levels recommended by the Center. One local official (Bronx) did not believe that a treatment worker could effectively handle the recommended 20 to 25 cases and felt that a maximum of 15 cases per worker was more appropriate. An official in another locality (Sacramento) said that she was not sure if it was always essential to remain within a maximum of 25 cases per worker because 15 complex cases could take more time than 30 less complex cases. Several officials believed that the recommended academic qualifications for treatment supervisors and workers were desirable, but not essential. Many officials did not think all of the academic prerequisites (such as a bachelor's degree or a master's degree in social work) were necessary for a treatment caseworker or supervisor. Rather, they believed that a 4-year bachelor's degree with experience and the proper attitude were more important qualifications for persons involved in treating child abuse and neglect clients.

Localities lacked sufficient treatment staff

The lack of sufficient treatment staff was a serious problem in every State and most localities visited. As discussed previously (see p. 23), estimated caseloads in the States visited were significantly higher than those recommended by the Center. As shown below, estimated caseloads for treatment staff exceeded those recommended by the Center (caseload, 20-25; supervisor-to-worker ratio, 1:5) in some localities visited.

Localities	Estimated average caseloads	Supervisor/ worker ratio
Alameda, Calif.	25	1 to 6
Sacramento, Calif.	a/28	1 to 5-8
Bronx, N.Y.	13-25	1 to 4.5
Durham, N.C.	20-28	1 to 7
Mecklenburg, N.C.	a/39	1 to 4.5
Dallas, Tex.	19	1 to 6
Norfolk, Va.	a/40-45	1 to 6

a/Investigation and treatment function not separated.

As discussed previously, (see p. 24), some localities that compared favorably to the recommended caseloads used procedures to limit caseloads. The Dallas local agency limited its caseloads by not investigating all reports. (See p. 24.) Alameda limited its caseloads to 25 per worker by backlogging cases.

Most officials contacted told us that insufficient staff had serious adverse effects on the treatment of cases. Officials stated that workers do not have enough time to plan, implement, and monitor treatment services. For example, officials in one locality (Bronx) said that they have to prioritize their time and be selective in handling cases due to high caseloads. Only cases with the most severe problems receive close attention. They also stated that high caseloads cause more cases to be designated as unfounded and closed sooner than they should be because caseworkers do not want to refer cases to overloaded treatment workers. The officials said that this results in many borderline cases being rejected, thereby increasing the possibility that a problem will reoccur. Several officials stated that high caseloads contributed to low staff morale and led to increased caseworker burnout.

Inadequate funding to pay salaries and to hire additional staff was the reason State and local officials cited for insufficient staff. The Center's only assistance to States and localities concerning caseload levels has been its distribution of the draft Federal standards. However, Center officials stated that there are a number of alternatives that can be used to reduce caseloads. (See p. 28.) The Center plans to inform States and localities of these alternatives in a revised training curriculum and by technical assistance.

Local treatment staff lacked recommended qualifications

State and local child protective services officials stated that qualified treatment staff are necessary for avoiding wrong decisions during treatment that could lead to recurring abuse and neglect. Officials also told us that unqualified treatment staff might be unable to (1) cope with the pressure of the job and (2) provide adequate assistance to the client.

In only one (Sacramento) of the seven local child protective services agencies visited did all of the treatment staff meet the academic qualifications recommended by the Center. In the other five localities (Durham, Mecklenburg, Dallas, Norfolk, and Alameda) in which we could determine the academic qualifications of treatment staff, the percentage of each locality's treatment staff that met the recommended academic qualifications ranged from 35 to 70 percent and averaged 42 percent. As shown below, about one-half of the child protective services workers and about one-fourth of the supervisors in the localities visited did not meet the academic qualifications recommended by the Center. In the localities visited, child protective services workers generally had 1 or more years of social services experience. Supervisors had 2 or more years of child protective services as well as other social services experience.

Locality	Caseworker			Supervisor		
	Total	Meet academic qualifications	Fall short of academic qualifications	Total	Meet academic qualifications	Fall short of academic qualifications
Bronx, N.Y.	18	4	(a)	4	1	3
Dallas, Tex.	105	30	75	17	15	2
Alameda, Calif.	25	9	16	4	1	3
Sacramento, Calif. (note b)	34	34	0	6	6	0
Durham, N.C.	7	4	3	1	1	0
Mecklenburg, N.C. (note b)	9	4	5	2	2	0
Norfolk, Va. (note b)	17	13	4	3	1	2

a/Qualifications of all staff not available.

b/Investigation and treatment were not separate functions.

State and local officials cited several problems with obtaining and retaining qualified treatment staff. Several officials stated that no pay differentials could be offered for child protective services workers, although their jobs demand much more than other social work jobs. Low salaries, the lack of career opportunities, and emotional pressures were also cited as problems by officials. Another problem was that State personnel systems under which child protection services staff are hired do not distinguish the minimum qualifications of child protective services personnel from other social work personnel. (See p. 26.)

State and local officials cited the need for (1) financial assistance for the salaries and training of child protective services personnel, (2) additional training, especially in case management procedures, child development, and evidence gathering and interpretation, and (3) changes in State personnel systems to increase the qualifications for child protective service personnel.

LEGAL ASSISTANCE FOR CHILD PROTECTION AGENCIES NEEDS IMPROVEMENT

Courts, whether criminal or juvenile, may become involved at any time in the protective service process. According to the Center's standards, the child and the protective services unit should have legal counsel in these proceedings. Most officials in the localities visited had no problem with the quantity or quality of legal assistance being provided to children, but they had problems with the assistance provided to the protective services agencies. We were told that these problems were causing the agencies to lose valid court cases, thereby hindering their ability to adequately protect children.

Although criminal courts are sometimes needed to deal with severe acts of physical abuse as defined by State law, family courts hear most of the child abuse and neglect court cases. The family court is to protect the child from further injury while working closely with social services agencies to treat the child and the family so that they remain together. Some of the bases for referring a child abuse and neglect case to a family court are

--refusal by the family to cooperate in an investigation,

--refusal by the family to accept needed services when the child is in substantial danger, or

--removal of the child from the family's custody.

Officials in five of seven localities cited problems with the legal assistance available to child protective services staff. In most localities the protective services unit received legal assistance from county or district attorney offices. We were told the offices were understaffed and the attorneys assigned had many other responsibilities along with assisting child protective services. Officials also said that the attorneys assigned to assist them were often inexperienced and poorly prepared.

A recent study by the New York Select Committee on Child Abuse highlighted some of the same problems. Thirty percent of the judges who were polled in the State said the attorneys appearing in child protective proceedings were inadequately trained or prepared. In fact, the judges considered the attorneys for the local social service units less well prepared than the attorneys for the child or the parents. The study concluded that the preparation of many cases was inadequate or incomplete.

Center officials acknowledged that legal representation for child protective services agencies needed improvement. In this regard, in September 1978, the Center awarded three grants (a fourth grant was awarded in September 1979 for a 3-year period) for a 4-year funding period to help improve legal representation in child abuse and neglect cases.

CONCLUSIONS

The Center needs to do more to help States improve their capabilities to treat child abuse and neglect. Such capabilities, in many respects, currently do not meet the Center's standards in the States and localities visited

largely due to insufficient funds and staff. Shortcomings in treatment capabilities have potentially serious consequences for abused and neglected children. Although the Center has provided various types of assistance to States that have undoubtedly helped, much more needs to be done.

We believe the Center needs to emphasize the importance of adequate treatment capabilities and to help States improve their treatment capabilities. Since insufficient funding and staffing are the primary causes for many of the problems, we believe that the Center should give particular attention to helping States identify additional resources and ways to better use their existing resources.

RECOMMENDATIONS

We recommend that the Secretary of HEW direct the Center to:

--Emphasize to States the contributions multidisciplinary case consultation teams can make in dealing with child abuse and neglect cases and provide technical assistance on how to use teams.

--Emphasize to States the importance of developing and using written treatment plans for all abuse and neglect clients.

--Help the States obtain additional treatment services, by such means as identifying potential sources of Federal, State, and private funding for child abuse and neglect cases.

--Reassess its position on the need to follow up on closed child abuse and neglect cases. If the Center concludes that followup is essential, it should emphasize the benefits of such followup to States.

--Emphasize to States the importance and benefits of using central registers for case management to ensure that prompt and effective services are provided in child abuse and neglect cases.

--Identify specific alternatives that can be used to increase treatment staff or otherwise deal with excessive caseloads within staffing constraints.

--Encourage State and local agencies to increase their minimum qualifications for child protective services treatment staff to meet those recommended by the Center.

--Emphasize to States the importance of sufficient legal assistance for child protective staff working on child abuse and neglect cases.

AGENCY COMMENTS AND OUR EVALUATION

HEW agreed with our recommendation that the Center emphasize to States the contribution of multidisciplinary case consultation teams and provide technical assistance on how to use teams. According to HEW, the Center has supported the use of teams through the draft Federal standards, publications, and technical assistance projects in certain HEW regions. HEW added that the Center through its training materials continues to emphasize the importance of multidisciplinary case consultation teams and that supervisory training packages being developed will contain guidelines for deciding which cases are most appropriate for consideration by teams. However, multidisciplinary case consultation teams were not widely used in the States and localities visited. We believe that additional information on the value of such teams and how to organize and use them would help convince States and localities to give a higher priority to establishing and using teams.

Regarding our recommendation that the Center emphasize to States the importance of developing and using written treatment plans for all abuse and neglect clients, HEW not only concurred, but also noted that this concern will be a major focus of monitoring through the State child welfare program reviews. According to HEW, these reviews will examine treatment plans on a sample basis. HEW added that it has emphasized the importance of written case plans in its user manuals and training packages.

HEW concurred with our recommendation that the Center help States obtain additional treatment services. HEW said that the Center had recently distributed nationwide a pamphlet on sources of funding for child abuse and neglect programs and plans to publish in the spring of 1980 a catalogue of Federal programs with funding resources related to preventing and treating child abuse and neglect.

HEW concurred with our recommendation concerning the followup on closed child abuse and neglect cases. HEW stated that followup is a necessary part of case management and that the Center will emphasize the benefits of such followup in the supervisory training packages it is developing for child protective services. According to HEW, information from States and the Center's demonstration programs suggest that the reincidence of child maltreatment is a serious problem, even for families receiving the best services. HEW added that the States will likely continue to be reluctant to implement followup because of its cost.

HEW concurred with our recommendation that the Center emphasize the importance and benefits of using central registers for case management. HEW stated that the role of central registers as well as other information system approaches will continue to receive attention in the Center's assistance to States. HEW also stated that, in March 1980, the Center is hosting a conference of State child protective services officials, which will focus on case management facets of information systems for child abuse and neglect cases.

HEW concurred with our recommendation that the Center identify specific alternatives that can be used for increasing treatment staff or otherwise dealing with excessive caseloads. According to HEW, the Center's present service improvement program, involving 29 projects and 67 sites, is aimed at expanding the capacities of communities to handle the prevention and treatment services required for effective child protection. HEW stated that the Center has emphasized the necessity for developing interagency relationships as realistic and cost-effective means of expanding treatment capabilities and relieving the direct service caseloads of child protective services workers. HEW added that the Center plans to mount additional service improvement grant programs specifically to mental health and health agencies and that the Children's Bureau State program review will also be assessing the creative use of paraprofessionals as case aides.

The Center's present service improvement program is aimed at expanding the capacities of selected communities; we believe that localities not receiving Center service improvement grants should also benefit from ways to increase their staff or otherwise deal with excessive caseloads. Therefore, we believe that the Center should disseminate widely new information obtained from the service improvement

projects so other localities can better deal with their staffing constraints.

HEW concurred with our recommendation that the Center encourage State and local agencies to increase their minimum qualifications for child protective services treatment staff to meet those recommended by the Center. HEW stated that the recommendation is being implemented in a number of ways, such as by refining guidelines on staff qualifications and supporting training efforts, and that the Center expects to support State agencies' innovative efforts to increase professional qualifications by awarding demonstration grants in fiscal year 1981.

HEW concurred with our recommendation that the Center emphasize to States the importance of sufficient legal assistance for child protective staff working on child abuse and neglect cases. According to HEW, it is developing and intends to disseminate widely a user manual on the role of courts in child abuse and neglect cases and a curriculum for court-related professionals. HEW added that the National Legal Resource Center for Child Advocacy (a Center grantee), in an effort to upgrade the quality of legal representation, has contacted States and many localities to provide information to child protective service officials and American Bar Association members.

STATE COMMENTS AND OUR EVALUATION

Virginia

The Commissioner, Virginia Department of Welfare, wanted to reinforce our recommendation on multidisciplinary teams. He stated that Virginia officials have been quite active in organizing multidisciplinary teams and that they believe the barriers to interagency coordination and collaboration will be broken down through teams so that adequate treatment resources can be developed in each community.

CHAPTER 5

THE CENTER SHOULD DO MORE TO HELP STATES DEVELOP PREVENTION PROGRAMS

Some experts believe that attempting to prevent child abuse and neglect is preferable to dealing with the problem after it occurs. According to the Center, prevention can take many forms--strengthening families in general, providing support and treatment to high-risk families, or intervening in reported cases to preclude reoccurrences. For this report, however, we define prevention as activities directed toward preventing the initial occurrence of the problem, whether in a normal or high-risk environment.

The Center, States, and localities have devoted little attention to preventing abuse and neglect--particularly compared to other aspects of the problem. Until 1978, the Center's priorities were on identifying, reporting, and treating the problem. In 1978, after passage of the amended Child Abuse Prevention and Treatment Act, the Center began to devote additional effort to prevention. However, because the projects were still underway when we completed our fieldwork, their results and value are still unknown. The States and localities visited had not established prevention programs for a variety of reasons. The Center needs to identify and disseminate information about practical and effective programs or approaches for preventing child abuse and neglect and help States and localities implement such approaches. In addition, the Center needs to give particular attention to developing criteria for measuring the effectiveness of prevention programs.

EFFORTS DEVOTED TO PREVENTING CHILD ABUSE AND NEGLECT ARE LIMITED

Limited State efforts

According to the Center's standards, an adequate system to prevent child abuse and neglect should include:

--Services to assist parents who request help in fulfilling their child care responsibilities.

--Programs on parenting and child rearing offered to students and adults by the local education agency.

--Programs to identify and serve adolescents at risk, established by the local education agency in cooperation with community organizations.

--Mental health programs and services to help parents improve their parenting skills and knowledge.

--Parents Anonymous organizations, where people can turn for help. (See p. 55.) 1/

State and local officials in all locations visited generally agreed with these standards, and some of the programs listed above were provided to some extent in selected locations. However, officials stated that efforts to establish and implement prevention programs or approaches had been limited. In some locations, officials categorized prevention activities as minimal and unorganized. According to a report by a New York State committee on child abuse, little had been done to develop either a specific prevention strategy or definite prevention programs. The report described prevention as uncharted and undeveloped.

The two main problems cited as hindering or preventing the establishment of prevention programs or approaches were the lack of funding and staff. Other causes were the lack of knowledge about what types of prevention approaches work, uncertainty about how to establish and operate prevention programs, a lack of cooperation among service agencies, difficulty in identifying target groups, and priority given to identifying and treating child abuse and neglect.

According to a March 1979 statement of priorities by the Center, State and local agencies and organizations had made no widespread, structured commitment and funding for primary prevention activities. It reported that the work of child protective services, health, law enforcement, and educational agencies was too often crisis oriented with no time for prevention activities. Primary prevention activities, such as public awareness, education for parenthood, and family support services, are directed at strengthening families in general.

1/Included by the Center's director although there is no Federal standard on Parents Anonymous organizations.

Limited Federal efforts

The act provides that the Center, through its research and demonstration, technical assistance, and financial assistance programs, assist States and localities in developing prevention programs. According to the Center, its responsibilities include identifying effective prevention programs or approaches and assisting States and localities in implementing, expanding, and improving such programs. Center officials told us, however, that until 1978 priority had not been given to preventing child abuse and neglect. Instead, the Center's research, demonstration, and service activities focused on improving the identification, reporting, and treatment of child abuse and neglect because they initially saw an immediate need to give priority to identification and reporting in order to provide the means for protecting children. One official also stated that limited staff and funds caused the Center to give a low priority to prevention.

Before 1978 the only Center-funded project or activity specifically focusing on prevention that was evaluated as being effective was Parents Anonymous. Parents Anonymous is a self-help organization consisting of a national organization and State and local chapters aimed at reducing and preventing child abuse and neglect. Parents in stress can call a national toll-free telephone number or attend group meetings to discuss their feelings and problems. Parents Anonymous received its first Federal grant in 1974 to demonstrate the effective use and expansion of parental self-help groups. In addition, the Center funded State and local chapters, including statewide telephone helplines. Parents Anonymous chapters expanded from 60 in 1974 to over 800 in 1978. As of June 1978 there were over 8,000 members served by the chapters, with at least one operating in every State. An independent evaluation of Parents Anonymous reported that the organization was effective and had positive effects on its members.

Some other Center activities have indirectly addressed prevention. These activities include research and demonstration projects, State grant programs, technical assistance programs, and information dissemination.

The Center's research and demonstration projects funded in fiscal years 1974 and 1975 indirectly addressed prevention, even though the main purpose of the demonstration projects was to provide treatment services. Some of the projects provided such services as self-referrals, family centers for

short-term care of children for families in stress, home visitors, and parent aides. According to officials, however, the projects were not designed to result in decisions about prevention; in fact, the officials could not identify specific projects that addressed prevention. Overall improvements needed for identifying effective programs and approaches for prevention, as well as identification and treatment, are discussed on page 71.

Some States have used their grant funds for prevention activities. These activities included establishing parental self-help groups, parent aid programs, home visitor projects, public awareness activities, and 24-hour comprehensive emergency services. A Center official told us that two Center public awareness television spots disseminated to States were directed at prevention.

The Center began to devote additional effort to prevention in 1978, after passage of the amended act. In September 1978, 21 community-based prevention and treatment projects for agencies such as schools and hospitals were funded. The Center also provided assistance to a television station that produced a nationwide documentary on child abuse and neglect in January 1979. When we completed our fieldwork, the Center was developing several manuals on the roles of professionals in identifying, treating, and preventing child abuse and neglect. In addition, in September 1979 the Center funded 16 additional grants for prevention projects. However, all of these projects have been awarded for 2 to 4 years, and little information about the their findings or value will be available until they are completed.

The Center lacks criteria for measuring the effectiveness of prevention programs

The Center has not established criteria for assessing the effectiveness of prevention programs; as a result, its assessments have generally been based on subjective judgments. Officials stated that it is difficult to identify the basis for effective prevention programs or approaches and that they doubted whether the effectiveness of primary prevention could be evaluated. The Center, however, funded two research grant projects in September 1979 to develop the methods for assessing the effectiveness of the prevention programs that are also being funded.

CONCLUSIONS

The Center, States, and localities visited have done little to develop programs or approaches to prevent child abuse and neglect. Although the Center's recent prevention efforts are encouraging, it needs to increase its assistance to States and localities in establishing and operating prevention programs. Because criteria for assessing the effectiveness of various prevention programs or approaches are needed, the Center should give particular attention to the research projects it has funded to develop methods for assessing prevention programs. In addition, the Center should inform States about promising programs as such information becomes available from assessing prevention programs.

RECOMMENDATIONS

We recommend that the Secretary of HEW require the Center to:

--Increase assistance to States and localities by providing information on how to establish prevention programs.

--Ensure that adequate criteria or appropriate methods are developed to measure the effectiveness of prevention programs and disseminate such information to States and localities for their use.

--Inform States and localities, as information becomes available, on the types of programs or approaches that are practical and show promise in preventing child abuse and neglect.

AGENCY COMMENTS AND OUR EVALUATION

HEW concurred with our recommendation that the Center increase assistance to States and localities by providing information on how to establish prevention programs, and it acknowledged the need for greater effort. HEW said that the Administration for Children, Youth, and Families will give new priority to establishing a leadership and coordination role with other Federal agencies and that parenting programs, as a part of public education, could become a major vehicle in breaking the cycle of child abuse. HEW also said that the Center had disseminated initial information on prevention programs to States and localities and has begun a major demonstration program to develop and test new primary prevention approaches.

HEW concurred with our recommendation that the Center ensure that adequate criteria or appropriate methods are developed to measure the effectiveness of prevention programs and disseminate such information to States and localities. According to HEW, the Center is developing prevention criteria in two projects underway that will produce reports in 1981 and 1982 that can be disseminated to States and localities.

Regarding our recommendation that the Center inform States and localities about practical and promising prevention programs or approaches, HEW concurred and stated that the Center will continue to make information available as it emerges from the field. Although HEW said it will continue to provide information, our review disclosed that only limited information on practical or promising approaches has been provided to States and localities. The Center did award several prevention projects for 2 to 4 years in September 1978 and 1979. We believe that, as practical or promising information becomes available from these or other prevention projects, it should be provided to States and localities.

STATE COMMENTS AND OUR EVALUATION

Virginia

The Commissioner, Virginia Department of Welfare, stated that our discussion of preventive approaches in chapter 5 appears to focus only on secondary prevention. He stated that public awareness materials and position papers are greatly needed in the area of primary prevention--for example, family life education in the public schools and perinatal programs.

We agree that primary prevention efforts are needed. We recognize in our report that limited efforts have been devoted to the prevention of child abuse and neglect, including both primary and secondary efforts. On page 54, we point out that, according to a March 1979 statement of priorities by the Center, there had been no widespread, structured commitment and funding for primary prevention activities by State and local agencies and organizations.

CHAPTER 6

THE CENTER SHOULD PROVIDE ADEQUATE LEADERSHIP AND ASSISTANCE TO DEAL WITH CHILD ABUSE AND NEGLECT

To provide adequate leadership and assistance to States in dealing with child abuse and neglect, the Center needs to

--coordinate the Federal programs and resources that are available for addressing abuse and neglect;

--identify promising approaches and programs for identifying, treating, and preventing abuse and neglect;

--develop information on States' and localities' progress and problems in dealing with abuse and neglect; and

--receive better support from HEW in carrying out its functions.

FEDERAL RESOURCES HAVE RECEIVED LIMITED COORDINATION AND FOCUS

HEW, through the Center and the Advisory Board, has devoted little attention to coordinating Federal child abuse and neglect programs. As a result, the act's purpose has not been carried out, and Federal efforts have not been focused.

During House and Senate hearings leading to passage of the act, the Center was thought of as a focal point for Federal resources and efforts to deal with abuse and neglect. The act gave the Secretary of HEW responsibility for assuring effective coordination between programs under the act and other such programs assisted by Federal funds. The act also established an Advisory Board to help the Secretary coordinate programs established to combat abuse and neglect. To carry out the act's requirements, the Secretary issued regulations in December 1976 prescribing the actions to be taken by the Center and the Advisory Board:

--Achieve the most effective and efficient use of Federal resources in designing, developing, and implementing and managing programs and activities related to identification, treatment, and prevention.

--Assure that programs and activities are not undertaken unilaterally.

--Assure that programs and activities are not duplicative.

--Provide that results, outcomes, and data generated by programs and activities are disseminated to the agencies.

The Congress increased its emphasis on coordination in the 1978 amendments to the act. The amendments required the Center to prepare a comprehensive plan to accomplish maximum coordination of the goals, objectives, and activities of all agencies and organizations with responsibilities concerning abuse and neglect. This comprehensive plan was to be submitted to the Advisory Board not later than April 1979. The board was to review the comprehensive plan, make appropriate changes, and submit it to the President and the Congress not later than October 1979. The plan was submitted to the Advisory Board on April 24, 1979. However, because of delays in appointing members from the public to serve on the board, the plan had not been finalized as of February 1980. (See p. 70.)

The Advisory Board had not been effective in promoting coordination and carrying out the 1978 amendments. The board's charter was expired between September 1977 and August 1979. Between September 1977 and March 1979, no meetings were held; between March and August 1979, three meetings were held. Also, the membership composition required by the April 1978 amendments, which provided that public members be appointed to serve on the board, was not achieved until August 1979. Furthermore, some agencies that conduct abuse and neglect activities (such as the Bureau of Education for the Handicapped and the National Institute on Drug Abuse) were not represented on the board.

Aside from developing the comprehensive plan, little progress has been made in coordinating Federal efforts. Since April 1977 the Center, working with the Advisory Board, has been developing a descriptive catalogue of Federal child abuse and neglect programs, largely by extracting information from

the "Catalogue of Federal Domestic Assistance." However, the catalogue had not been published as of February 1980.

According to a Center official, the efforts in working with the other agencies have been limited and informal and have focused on specific issues (such as sexual abuse). Only two interagency agreements had been developed to promote coordination--with the Alcohol, Drug Abuse, and Mental Health Administration and with the HEW's Fair Information Practice Staff. Both agreements address protecting the confidentiality of private information and reporting child abuse and neglect. Officials acknowledged that little had been done to coordinate the activities of federally assisted programs or private agencies concerning child abuse and neglect.

According to Center officials, although required by Federal coordination regulations, none of the agencies with responsibilities for child abuse and neglect have provided annual reports on plans, budgets, and activities concerning child abuse and neglect to the Advisory Board. Furthermore, the Center had not followed up with the agencies to obtain the information.

Center officials said that the Advisory Board had not been effective, that the Center has a limited awareness of the child abuse and neglect activities of other Federal agencies, and that coordination regulations had not been implemented. Officials attributed these problems to a lack of staff at the Center, the time-consuming nature of coordination, and the overall reluctance of some agencies to coordinate for fear of losing control over their activities.

SUCCESSFUL APPROACHES AND PROGRAMS HAVE NOT BEEN IDENTIFIED AND ADVOCATED

The Center has provided little guidance and assistance on which approaches and programs are effective in dealing with child abuse and neglect. Due to a largely unsuccessful evaluation program, the Center has been unable to determine which programs work best. In addition, the Center has not provided adequate information to States and localities on approaches and programs that show promise of success even after extensive research and evaluation have been funded.

According to the act, the Center is required to develop and maintain an information clearinghouse on all programs (including private programs) showing promise for preventing, identifying, and treating child abuse and neglect. Also,

the Center is authorized to make grants or contracts for projects that show promise for preventing or treating child abuse and neglect.

The Congress directed that most of the funds for child abuse and neglect be spent on demonstration programs and research to test various techniques for identifying, diagnosing, treating, and preventing the problems. According to an August 1975 HEW report to the President and the Congress on the implementation of the 1974 act, the purpose of the demonstrations and research was to find out what methods work and make the information available to persons involved in dealing with the problem throughout the country. According to the report, the Center, after testing and evaluating various methods, should be able to disseminate information on the most promising practices for preventing, identifying, diagnosing, and treating child abuse and neglect. The report stated that the intent of the projects was to improve intervention strategy by assessing the most effective means for delivering services. Each project included an independent evaluation, which was a critical ingredient for converting experience into information for others with questions about program policy and service delivery.

According to House Report No. 93-685, dated November 30, 1973, on the Child Abuse Prevention and Treatment Act, the Committee on Education and Labor was encouraged to learn that in recent years a number of promising new approaches to child abuse had been developed and put into effect on a limited basis. Also, according to the report, the Committee believed such approaches could provide a substantial contribution to eliminating child abuse if financial support were available to expand and strengthen them.

Since 1974 the Center has funded 21 research and 78 demonstration projects at a cost of about $40 million and independent evaluations for 56 of the 78 demonstration projects for about $2.5 million. Appendixes VII and VIII describe these projects and evaluations in more detail. At the time of our fieldwork, the Center had not adequately informed States and localities on the chances for success of any of the programs, approaches, or techniques used in various projects. A Center official acknowledged that a number of weaknesses and limitations had precluded the project evaluations from providing meaningful information for purposes of replication or policy formulation. The problems mentioned were

--lack of knowledge in the social services field about how to measure the effect of programs on behavior,

--insufficient attention to project planning because of pressure to award grants before appropriation deadlines,

--lack of control over projects to assure logical implementation,

--high turnover of Center project officers,

--excessive number of project variables, and

--lack of evaluation methodology early in project implementation.

Center officials cited 11 programs and approaches/techniques that they felt showed promise of success. However, in only three cases were the opinions supported by the independent evaluations--the other eight were based on the judgment of Center project officers. The 11 programs and approaches/techniques and the basis for the Center's opinions are listed below.

	Program	Basis for opinion
1.	Group counseling (note a)	Independent evaluation
2.	Parents Anonymous	Independent evaluation
3.	Short-term respite care	Project officer's judgment (note b)
4.	Homemaker services	Project officer's judgment (note b)
5.	Parent retreats	Project officer's judgment
	Approach/technique	
6.	Volunteers and paid aides (note a)	Independent evaluation
7.	Minority providers	Project officer's judgment (note b)
8.	Reparenting	Project officer's judgment
9.	Positive parenting	Project officer's judgment (note b)
10.	Cooperation with military installations	Project officer's judgment (note b)
11.	Contracting with non-profit agencies for treatment services	Project officer's judgment

a/The contractor qualified opinion as suggestive rather than conclusive.

b/A Center official told us that these programs or approaches are included in an evaluation currently being performed under contract.

In September 1979, the Center funded two studies to find methods for assessing the implementation processes, costs, and benefits of alternative approaches to preventing child abuse and neglect. In addition, a Center official stated that useful information is probably available on projects and studies funded by sources other than the Center; however, the Center has not analyzed such information because a lack of staff and funding.

The Center does not clearly and formally make its findings and opinions known. Instead it has adopted a subtle approach for disseminating information on effective programs to States, localities, and interested groups and persons. For example, several special publications that the Center distributes and considers advocacy oriented are prefaced with a statement that the information should not be construed as official policy and that the Center assumes no liability for the contents of the publications.

In addition, the standards that the Center considers its primary guidance to States and localities have existed in draft form for 4 years and are annotated "For Review Purposes Only." The Center's Model Child Protection Act, in development for several years, is also in draft form. It has been distributed and used by the Center for assisting States with meeting the State grant eligibility requirements under the Child Abuse Prevention and Treatment Act. Officials in all States visited desired information on successful approaches and programs for identifying, treating, and preventing abuse and neglect. One of the most highly regarded experts in the field has said the Center should assume more of a policy formulation role by using its research funding capabilities to identify successful approaches.

Center officials stated that issuing policy statements on successful approaches is not the Center's role. These officials also stated that an extensive review process would be required within HEW before an opinion could be expressed on different approaches. Officials believed that the review process would eliminate much useful information because of the tendency to remove descriptive information that could be considered controversial.

NEEDED INFORMATION ON STATES' CAPABILITIES HAS NOT BEEN DEVELOPED

Although the Center is responsible for helping States and localities improve their abilities to identify, treat, and prevent abuse and neglect, it was not adequately aware of

States' and localities' progress and problems. Consequently, the Center has no assurance that its assistance has been or is being directed toward the greatest needs.

The Center obtains information on State and local operations through the child abuse specialists in the HEW regional offices and through 10 resource centers throughout the country. The resource centers were awarded grants by the Center to provide assistance to States and localities on abuse and neglect. The child abuse specialists contacted in five HEW regional offices, however, acknowledged that they did not systematically monitor States' and localities' progress and problems in implementing adequate child abuse and neglect identification, treatment, and prevention programs. As a result, they were not aware of States' and localities' specific progress and problems in such program areas as:

--Assessing emergency situations.

--Investigating reports within time limits.

--Providing sufficient and qualified staff.

--Establishing and implementing investigation procedures.

--Developing treatment plans.

--Monitoring and following up on cases.

--Conducting public awareness programs.

--Establishing prevention programs.

Specialists said that program monitoring has a low priority and ranks below such functions as qualifying States for grant assistance and awarding and monitoring technical assistance grants. Several specialists stated that they lacked enough time to do both program monitoring and the other assigned functions. One specialist stated that the monitoring necessary for becoming knowledgeable about State and local progress and problems in addressing child abuse and neglect would require the Center to rearrange its priorities.

The resource centers were initially funded in 1974 and 1975 to increase and improve the delivery of comprehensive child abuse and neglect services based on the State and local needs. Officials of all five resource centers contacted did

not systematically monitor State and local progress and problems to identify their needs. Officials in most of the resource centers admitted they were not familiar with how the States and localities were progressing. They generally decided which activities to pursue based on requests for assistance from States and occasional surveys on various topics, such as sexual abuse, use of volunteers, and staff qualifications.

Center officials acknowledged a need for increased awareness of State and local progress and problems. A Center official said that eligibility requirements and technical assistance contracts or grants were not intentionally given higher priority for monitoring by the regional office specialists. He stated that a new system under development for joint Federal/State child welfare planning and monitoring is expected to provide much greater information exchange and increased awareness of State and local progress and problems.

HEW SUPPORT OF THE CHILD ABUSE AND NEGLECT PROGRAM HAS BEEN INADEQUATE

HEW initially opposed creating the Center in 1973. In testimony before the Select Subcommittee on Education, House Committee on Education and Labor, and the Subcommittee on Children and Youth, Senate Committee on Labor and Public Welfare, HEW officials stated that authority already existed to carry out the objectives envisioned by the Congress and that abuse and neglect should be dealt with through overall child welfare programs. As discussed previously, we believe that significant improvements are needed and possible in the Center's operations. We also believe that several factors beyond the Center's control have restricted its ability to provide leadership and assistance:

--The number of staff has remained relatively constant since 1976, even though responsibilities have increased.

--The administration's budget requests and appropriations remained constant ($18.9 million) from fiscal year 1976 through fiscal year 1979, even though the amount authorized increased from $25 million to $31 million.

--About $469,000 of the Center's fiscal year 1978 research funds were withheld by the Office of Human Development Services for "cross-cutting" research in areas broader than abuse and neglect.

--The functioning of the Advisory Board was delayed because public members were not appointed until August 1979.

Although we did not evaluate the Center's use of or need for staff and resources, we believe these factors, considered together, indicate that HEW support for the Center has been inadequate.

Staff has remained about the same since 1976

Center officials frequently cited a lack of staff as a reason for shortcomings in the Center's operations. Among other things, the staff shortage was listed as a cause for the lack of coordination of Federal programs, the inability to monitor progress and problems of States and localities, the lack of monitoring contractors' and grantees' performance, and the lack of emphasis on prevention programs.

A Center official informed us that staff was requested for the Center shortly after the act was enacted in 1974 and an increase was requested when the act was amended in 1978. An April 24, 1974, memorandum from the Assistant Secretary for Human Development to the Secretary of HEW on implementing the act stated that a staff of 15 was needed for the first full year of implementation (fiscal year 1975). The Assistant Secretary's memorandum stated that recruiting and staffing were critical to implementing the act and that efforts at the time had been undertaken by existing staff, who were responsible for other major program activities.

During proceedings leading to the act's amendment in 1978, both the Select Subcommittee on Education, House Committee on Education and Labor, and the Subcommittee on Child and Human Development, Senate Committee on Human Resources, recognized that insufficient staff and resources had been made available to the Center to carry out its functions. Both Committees indicated that they expected adequate staff and resources to be made available promptly to carry out the act effectively.

The 1978 amendments added several new Center program responsibilities. 1/ The amendments required that the HEW

1/These include developing a comprehensive plan to coordinate abuse and neglect activities, supporting service programs and projects in addition to demonstrations, and supporting sexual abuse programs.

Secretary make sufficient staff available to the Center to carry out its functions effectively. In response to the amendments, the Children's Bureau requested additional staffing for the Center. The request contained an activity-by-activity review of the Center's responsibilities and the staffing patterns needed to adequately meet them. The Children's Bureau concluded that the Center needed 13 additional staff to meet its responsibilities.

The number of the Center's staff has remained relatively constant since 1976. The staff size was 16 in January 1976. In December 1979, almost 4 years later, the staff size was 15, even though the Center's responsibilities were expanded.

Budget request and appropriations remained constant from fiscal year 1976 through fiscal year 1979

The funds authorized for the Center increased from $15 million for fiscal year 1974 to $34 million in fiscal year 1981; however, the administration's requests and the subsequent appropriations remained at $18.9 million each year from fiscal year 1976 through fiscal year 1979. The Congress increased the appropriation for fiscal year 1980 to $22.9 million (the $4 million increase was for sexual abuse activities), and the administration has requested the same amount for fiscal year 1981. As shown in the following table, the administration's request has fallen short of the authorization by about $65 million since fiscal year 1975.

Fiscal year	Authorization	Administration request	Appropriation
	(millions)		
1974	$15.0	(a)	$ 4.5
1975	20.0	$14.7	14.7
1976	25.0	18.9	18.9
Transition quarter	(b)	2.0	2.0
1977	25.0	18.9	18.9
1978	28.0	18.9	18.9
1979	31.0	18.9	18.9
1980	34.0	18.9	22.9
1981	34.0	22.9	(c)

a/HEW Budget Office was unable to determine whether a request was submitted.

b/Public Law 94-144 authorized the amount to be appropriated.

c/Appropriation not final.

We were told that the differences between the amounts authorized and requested were due partly to the budget process requirements that requests be submitted in advance. For example, when the act was amended, an additional $3 million for fiscal year 1978, $3.5 million for fiscal year 1979, and $4 million for fiscal year 1980 were authorized for sexual abuse. We were informed that the act's reauthorization came too late for requests to be included in the fiscal year 1978 budget request. We noted, however, that the fiscal year 1979 and 1980 requests (which were prepared after the reauthorization) remained at $18.9 million.

Funds were withheld for "cross-cutting" research

In fiscal year 1978 the Assistant Secretary of OHDS established a research program to fund grants for projects that served clients or met goals of more than one OHDS administration. The administrations consisted of the Administration on Aging; the Administration for Children, Youth, and Families (which includes the Center); the Administration for Native Americans; the Rehabilitation Services Administration; and the Administration for Public Services. The funds for the projects were taken from the administrations listed above based on the amount each had available for new research projects beginning in fiscal year 1978 and the extent that the projects would benefit the administrations. In total, 26 grants and 2 contracts were funded in fiscal year 1978 at a cost of about $2.5 million. Of all of the OHDS activities, the Center had the most funds for research projects beginning in fiscal year 1978 and contributed $469,383 to 18 projects. The Center's contribution represented about 5 percent of the total funds available for research projects beginning in fiscal year 1978, which was low compared to the percentages contributed by other administrations. However, the contribution represented about 2.5 percent of the Center's total appropriation for fiscal year 1978, which was higher than the percentage contributed by any other administration. Appendix IX shows the amounts and percentages contributed by each administration.

On June 14, 1978, the Chairman of the Subcommittee on Child and Human Development, Senate Committee on Human Resources, requested a Comptroller General determination on the legality of transferring child abuse and neglect research and development funds to OHDS to be used for the cross-cutting program. On August 17, 1978, the Comptroller General ruled that the funds could legally be transferred from the different

administrations and used to finance relevant portions of cross-cutting research projects. Subsequently, 1978 amendments to the Rehabilitation Act and the Older Americans Act required OHDS to change its administration of the cross-cutting research program. This legislation restricted the transfer of money into consolidated funds not under the direct control of the respective program commissioners. OHDS reacted by assigning projects already underway to the affected agencies, with a request that the agencies take responsibilities for the management and second year funding of the projects. The Center received two of the projects to manage and fund at $133,131 for fiscal year 1979.

Appointment of members delayed functioning of Advisory Board

The Advisory Board was created by the act to assist the HEW Secretary in coordinating child abuse and neglect activities. The amendments approved on April 24, 1978, provided that the Secretary should appoint not less than three members from the public to serve on the board. Also, as discussed on page 60, the amendments require the board to review and provide comments on a comprehensive plan to coordinate the activities of agencies and organizations with responsibilities relating to child abuse and neglect. The Advisory Board was to submit the comprehensive plan to the President and the Congress by October 24, 1979. However, the public members were not appointed until August 1979. Furthermore, at the first meeting of the board (composed of both public and Federal members) in October 1979, the board decided to revise the draft comprehensive plan and request an extension from the Congress so that the public members could participate in developing the plan. In a December 21, 1979, letter, the Secretary of HEW informed certain Members of the Congress that additional time would be necessary to prepare and submit the comprehensive plan to the President and the Congress. The Secretary also stated in her letter that she urged the Board to complete the plan as soon as possible, but no later than April 24, 1980.

CONCLUSIONS

HEW, through the Center and the Advisory Board, has not achieved the leadership role or provided the assistance needed to deal with child abuse and neglect as intended by the act and its 1978 amendments. States and localities are experiencing significant difficulties in identifying, treating, and preventing abuse and neglect. In light of the requirements

and the intent of the legislation and the magnitude of the problems we identified, the Center needs to do much more.

The Center needs to

--devote more attention to coordinating Federal abuse and neglect programs;

--provide better information on the approaches and programs that show promise in dealing with abuse and neglect so that States and localities can make better decisions when establishing and operating their programs; and

--be better attuned to States' and localities' progress and problems before assistance can be systematically provided in accordance with the priority of needs.

The leadership and assistance provided by the Center would be further enhanced by better support from HEW. Implementing our recommendations will change the Center's workload, already increased by the 1978 amendments to the act. Yet, the level of staff at the Center and appropriations for its activities have remained relatively constant. Although we did not evaluate the Center's use of or need for staff and resources, based on problems identified during our review and the questions raised, HEW should determine the adequacy of the existing work force and other resources and consider providing the necessary support.

RECOMMENDATIONS

We recommend that the Secretary of HEW require the Center to:

--Expedite efforts to inform States of all Federal programs relating to child abuse and neglect.

--Obtain and share information on the plans, budgets, and activities of all Federal agencies operating such programs.

--Refer to the Secretary of HEW, in conjunction with the Advisory Board, any programs that appear to be duplicative or undertaken unilaterally.

--Incorporate into the design of all future projects the necessary provisions to assure that meaningful evaluations can be made, including clear project and evaluation objectives, an acceptable number of project variables, and adequate controls over implementation.

--Identify and use available information on projects funded by sources other than the Center.

--Provide better leadership and guidance by adopting more of a policy formulation role and clearly identifying the programs or program components that show promise of success or appear to be unsuccessful.

--Finalize the Model Child Protection Act and the Federal Standards for Child Abuse and Neglect Prevention and Treatment programs and projects.

--Establish and operate a monitoring program to the extent necessary for maintaining awareness of State and local progress and problems in dealing with abuse and neglect.

--Assure that the results of the monitoring program are considered and incorporated into the process for planning the Center's future direction and activities.

We also recommend that, to assist the Center in carrying out its functions, the Secretary:

--Resolve any problems referred by the Center regarding duplicative programs or problems that otherwise restrict effective coordination.

Finally, if HEW finds that the Center does not have the resources it needs, we recommend that HEW:

--Consider furnishing the staff and resources necessary for the Center to adequately carry out its program responsibilities, to provide effective leadership and guidance, and to assist States with the major problems encountered in dealing with abuse and neglect.

AGENCY COMMENTS AND OUR EVALUATION

Regarding our recommendation that the Center expedite efforts to inform States of all Federal programs relating to child abuse and neglect, HEW agreed and stated that it plans to publish a catalogue of Federal programs related to child abuse and neglect prevention and treatment in the spring of 1980.

HEW concurred with our recommendation that the Center obtain and share information on the plans, budgets, and activities of all Federal agencies operating programs related to child abuse and neglect. In carrying out this recommendation, HEW stated that the Center will update annually its catalogue of Federal programs related to child

abuse and neglect. We believe that the catalogue should contain information on current plans, budgets, and activities of programs related to child abuse and neglect.

HEW concurred with our recommendation that the Center refer to the Secretary of HEW any programs that appear to be duplicative or undertaken unilaterally and said that it will implement the recommendation on an annual basis. (See p. 9 for our evaluation.)

As to our recommendation that the Center incorporate into the design of all future projects the necessary provisions to assure that meaningful evaluations can be made, HEW agreed with the need for evaluation and stated that it has implemented evaluation research that seeks to validate program designs and to measure the effects of specific treatment approaches. HEW stated that the Center, to the extent possible, will continue to design programs that address specific program and policy questions. According to HEW, not all demonstration projects should be designed as total replicable models, although some parts of all demonstrations should offer promise of replication and should offer guidance to practitioners to improve services. HEW also commented that certain ethical issues preclude the use of classical experimental designs for research and evaluation purposes and undermine even the most determined efforts to limit the number of variables considered.

Our report does not suggest that all demonstration projects be designed as total replicable models or that classical experimental designs be used for research and evaluation purposes. In our review, we identified several weaknesses and limitations that precluded the Center from determining which programs work best for purposes of replication or policy formulation. Therefore, we believe that steps can and should be taken, within ethical considerations, to incorporate into projects' design and evaluation such provisions as clear project and evaluation objectives, controls over projects' implementation, and an acceptable number of variables, which will increase the likelihood that evaluations will produce meaningful results.

HEW concurred with our recommendation that the Center identify and use information on projects funded by sources other than the Center. HEW stated that the Center already conducts, and plans to continue, an annual survey and analysis of some 2,868 child abuse and neglect programs across the country. We point out in our report that the Center is required to develop and maintain an information clearinghouse on all programs (including private programs)

for identifying, treating, and preventing child abuse and neglect. The Center's annual analysis of child abuse and neglect programs consists of descriptions of programs used in the Nation. However, we believe that the Center needs to do more to analyze these programs and inform States and localities of the most promising programs or approaches.

Regarding our recommendation that the Center provide better leadership and guidance by adopting more of a policy formulation role and clearly identifying promising programs, HEW concurred that it formulate policy but suggested a distinction between formulating policy and identifying successful and unsuccessful programs. HEW said that, through its draft Model Child Protection Act, draft Federal standards, funding priorities, and user manual series, it has set forth policies in several areas. These include service delivery, multiagency and multidisciplinary responsibilities, and coordination, reporting, and definitions. HEW added that it has disseminated information on promising program approaches, such as parent aides, helplines, volunteer programs, self-help programs, and multidisciplinary case consultation. According to HEW, the Center will use its research and evaluation programs to define promising approaches to raise issues about those that have not been successful in given communities.

In our report, we mention that the Center does not clearly and formally make its findings and opinions known. For example, two of the publications (the draft Federal standards and draft Model Child Protection Act) mentioned as representing HEW's policy have been in draft form for several years, and one is annotated "For Review Purposes Only." HEW also listed the Center's demonstration and service improvement funding priorities as a means of reflecting policy. We believe that the Center's use of funding priorities is an overly subtle approach for communicating HEW policy to States and localities. HEW also commented that the Center has disseminated information on several promising program approaches; however, several of the Center's publications about these approaches are prefaced with a statement that the information should not be construed as official policy and that the Center assumes no liability for the contents of the publications. Accordingly, we believe that the Center should more clearly make its findings and opinions known.

HEW concurred with our recommendation that the Center finalize the Model Child Protection Act and the Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects and stated that it plans to finalize these documents in 1980.

HEW concurred with our recommendation that the Center establish and operate a program to monitor the progress and problems of States and localities in dealing with child abuse neglect. According to HEW, the Children's Bureau will monitor program performance by States and localities through its triennial Child Welfare Services program review in each State, which will be implemented in 1980.

As to our recommendation that the Center assure that the results of the monitoring program are considered and incorporated into the process for planning the Center's future direction and activities, HEW concurred and said it will implement the recommendation through the joint State-HEW planning process required under the Child Welfare Services program.

HEW concurred with our recommendation that the Secretary of HEW resolve any problems referred by the Center regarding duplicative programs restricting effective coordination. HEW said that the Advisory Board on Child Abuse and Neglect is preparing a comprehensive plan (to maximize coordination of child abuse and neglect programs) that will provide the means to implement this recommendation.

As to our recommendation that the Secretary of HEW consider furnishing the necessary staff and resources needed by the Center, HEW said that it will give priority to the coordination and leadership role of the Center and will consider increasing the size of the Center. According to HEW, particular focus will be given to coordination activities.

CHILD ABUSE AND NEGLECT REPORTS RECEIVED IN THE FIVE STATES REVIEWED

	1976			1977			1978		
	Number of children under 18 (000 omitted)	Number of reports	Reports per 1,000 children	Number of children under 18 (000 omitted)	Number of reports	Reports per 1,000 children	Number of children under 18 (000 omitted)	Number of reports	Reports per 1,000 children
California (note a)	6,297	62,725	10.0	6,265	72,814	11.6	6,245	80,333	12.9
New York	5,196	37,698	7.3	5,048	39,682	7.9	4,890	45,337	9.3
North Carolina (note b)	1,677	(c)	(c)	1,656	8,563	5.2	1,639	10,340	6.3
Texas	4,053	35,217	8.7	4,046	38,670	9.6	4,042	b/34,959	8.6
Virginia (note b)	1,521	21,000	13.8	1,494	19,009	12.7	1,467	33,238	22.7

a/Reports received represent referrals to the Department of Social Services only and do not include some referrals that initially go to law enforcement authorities and are not shared with county social service departments.

b/Number of reports on a fiscal year basis.

c/Not available.

APPENDIX I

STATE GRANT AWARDS AND USE OF STATE GRANT FUNDS FOR CHILD ABUSE AND NEGLECT ACTIVITIES

State	State grant fund awards (fiscal year) 1974	1975	1976 (note a)	1977	1978
California	$ -	$ -	$439,498	$332,835	$410,767
North Carolina	-	-	-	107,634	127,822
New York	12,422	161,700	378,181	285,198	332,323
Texas	-	-	291,698	219,090	276,287
Virginia	-	59,700	136,983	99,667	117,969

a/Includes transition quarter.

USE AND PLANNED USE OF FUNDS 1/

California

California used its funds during fiscal year 1976 and the transition quarter to establish and staff an Office for Child Abuse Prevention; initiate pilot projects concerning identification and treatment, using volunteers; provide day care and train parents; and develop a statewide public awareness program.

During fiscal years 1977 and 1978, California planned to use the grant funds to continue to fund the Office of Child Abuse Prevention and to focus efforts on various identification and treatment activities.

New York

During the first 3 years, New York used its grant funds for purchasing and distributing child abuse and neglect publications, supporting a community council project on disseminating research findings, providing technical assistance

1/Information on the actual use of State grant funds was not available from the Center for fiscal years 1977 and 1978.

to child protective services units, disseminating the Center's training curriculum, improving and staffing the central register, supporting a New York City demonstration treatment project, and funding a specialist for program research.

During fiscal years 1977 and 1978, besides continuing some of the previous activities, funds were planned for providing staff support within the State education department to improve coordination and planning with child protective services units, developing a coordinated community approach to child abuse and neglect in local social service districts, and developing a protective services manual.

North Carolina

In fiscal year 1977, North Carolina planned to use its grant funds to provide legal services for county child protective services staff. In fiscal year 1978, planned use included funding for projects on sexual abuse, parent education, and intensive casework and for continued legal assistance.

Texas

Texas used the fiscal year 1976 and transition quarter funds for supporting child protective service intake positions and for a demonstration project related to children placed in foster care.

The State planned to use its fiscal years 1977 and 1978 funds for developing quality controls for abused and neglected children in residential or institutional care.

Virginia

For fiscal years 1975-77, Virginia used its grant funds to establish a central filing system, purchase office supplies, travel to training sessions and job-related meetings, train child protective services workers, operate its toll-free hotline for receiving child abuse and neglect reports, design an information system and purchase computer equipment for the central register, reproduce television commercials and audio tapes for statewide publicity campaigns, publish a child protection newsletter, and develop a slide presentation for interested public groups.

APPENDIX II

Planned use of fiscal year 1978 grant funds were for a central register, continued support of the hotline, public awareness projects, various prevention and treatment activities, resource development, training, and support of the Governor's Advisory Committee.

CHILD ABUSE PREVENTION AND TREATMENT ACT FUNDING

	Fiscal year 1974	Fiscal year 1975	Fiscal year 1976	Transition quarter	Fiscal year 1977	Fiscal year 1978	Fiscal year 1979 (estimated)
	(000 omitted)						
Amount authorized	$15,000	$20,000	$25,000	(a)	$25,000	$28,000	$31,000
Amount appropriated	4,500	14,714	18,928	$2,000	18,928	18,928	18,928
	Expenditures by program category						
Research	$ -	$ 2,169	$ 2,110	$ 59	$ 894	$ 697	$ 1,300
Incidence study (note b)	107	-	512	-	-	1,058	-
Demonstration/service projects (note c)	2,798	8,762	9,892	-	10,120	7,423	8,700
Evaluation projects	396	-	1,071	252	1,196	665	-
Information clearinghouse	494	-	526	-	449	703	-
Publications	5	147	45	-	178	185	355
Training materials (note d)	597	-	573	-	-	125	-
Technical assistance/training	-	2,327	1,763	-	2,254	3,320	3,600
State financial assistance grants (note e)	19	892	2,296	1,575	3,785	4,732	4,732
Total expenditures	$4,416	$14,297	$18,788	$1,886	$18,876	$18,908	$18,687

a/Public Law 94-144 authorized the amount to be appropriated.

b/Any cost overruns not paid out of Center funds would not be included.

c/Funds expended before April 24, 1978, were authorized only for demonstration projects. The amendments to the Child Abuse Prevention and Treatment Act, approved April 24, 1978, also authorized the funding of ongoing service programs.

d/Includes the development of training curriculum and audio visual curriculum materials.

e/Represents State grant awards.

APPENDIX III

FUNDING THAT MAY BE USED FOR CHILD PROTECTIVE SERVICES

Overall

	Total Federal expenditures	Federal, State, and local expenditures: Total	Federal, State, and local expenditures: Child protective services	Percent of total used for child protective services
	(000 omitted)			
Fiscal year 1976 (including the transition quarter)				
Title XX services	a/$2,649,778	b/$3,354,000	b/$206,800	6.2
Title XX training	c/31,099	(d)	(d)	-
Title IV-B	e/65,000	c/1,008,012	c/54,978	5.5
State grants (note f)	3,872	3,872	3,872	100.0
Total	c/$2,749,749	c/$4,365,884	c/$265,650	6.1
Fiscal year 1977				
Title XX services	$2,319,699	g/$2,969,380	g/$241,370	8.1
Title XX training	c/50,412	(d)	(d)	-
Title IV-B	e/56,500	c/695,856	c/41,773	6.0
State grants (note f)	3,785	3,785	3,785	100.0
Total	c/$2,430,396	c/$3,669,021	c/$286,928	7.8
Fiscal year 1978				
Title XX services	$2,403,722	g/$3,259,479	g/$262,594	8.1
Title XX training	c/63,470	(d)	(d)	-
Title IV-B	e/56,500	c/691,232	c/34,637	5.0
State grants (note f)	4,732	4,732	4,732	100.0
Total	c/$2,528,424	c/$3,955,443	c/$301,963	7.6

APPENDIX IV

California

	Federal, State, and local expenditures			
	Total Federal expenditures	Total	Child protective services	Percent of total used for child protective services
	(000 omitted)			
Fiscal year 1976 (including the transition quarter)				
Title XX services	a/$265,280	b/$341,730	b/$34,818	10.2
Title XX training	c/1,134	(d)	(d)	-
Title IV-B	e/5,099	c/133,474	0	0
State grants (note f)	439	439	439	100.0
Total	c/$271,912	c/$475,643	c/$35,257	7.4
Fiscal year 1977				
Title XX services	$247,250	g/$407,395	g/$31,543	7.7
Title XX training	c/947	(d)	(d)	-
Title IV-B	e/4,425	c/113,234	c/9,938	8.8
State grants (note f)	333	333	333	100.0
Total	c/$252,955	c/$520,962	c/$41,814	8.0
Fiscal year 1978				
Title XX services	$248,500	g/$468,500	g/$45,184	9.6
Title XX training	c/1,842	(d)	(d)	-
Title IV-B	e/4,499	c/103,228	c/10,652	10.3
State grants (note f)	411	411	411	100.0
Total	c/$255,252	c/$572,139	c/$56,247	9.8

New York

	Total Federal expenditures	Federal, State, and local expenditures: Total	Federal, State, and local expenditures: Child protective services	Federal, State, and local expenditures: Percent of total used for child protective services
	(000 omitted)			
Fiscal year 1976 (including the transition quarter)				
Title XX services	a/$275,355	b/$304,850	b/$18,720	6.1
Title XX training	c/2,977	(d)	(d)	-
Title IV-B	e/4,025	c/281,296	0	0
State grants (note f)	378	378	378	100.0
Total	c/$282,755	c/$586,524	c/$19,098	3.3
Fiscal year 1977				
Title XX services	$214,200	g/$285,600	g/$33,429	11.7
Title XX training	c/4,668	(d)	(d)	-
Title IV-B	e/3,483	c/129,760	0	0
State grants (note f)	285	285	285	100.0
Total	c/$222,636	c/$415,645	c/$33,714	8.1
Fiscal year 1978				
Title XX services	$212,500	g/$283,333	g/$40,661	14.4
Title XX training	c/7,324	(d)	(d)	-
Title IV-B	e/3,645	c/53,978	0	0
State grants (note f)	332	332	332	100.0
Total	c/$223,801	c/$337,643	c/$40,993	12.1

APPENDIX IV

North Carolina

	Total Federal expenditures	Federal, State, and local expenditures: Total	Federal, State, and local expenditures: Child protective services	Federal, State, and local expenditures: Percent of total used for child protective services
	(000 omitted)			
Fiscal year 1976 (including the transition quarter)				
Title XX services	a/$54,457	b/$83,670	b/$2,870	3.4
Title XX training	c/1,257	(d)	(d)	-
Title IV-B	e/1,829	c/9,670	0	0
State grants (note f)	0	0	0	0
Total	c/$57,543	c/$93,340	b/$2,870	3.1
Fiscal year 1977				
Title XX services	$62,454	g/$82,362	g/$3,765	4.6
Title XX training	c/2,516	(d)	(d)	-
Title IV-B	e/1,601	c/7,814	0	0
State grants (note f)	108	108	108	100.0
Total	c/$66,679	c/$90,284	c/$3,873	4.3
Fiscal year 1978				
Title XX services	$64,000	g/$83,551	g/$4,000	4.8
Title XX training	c/2,848	(d)	(d)	-
Title IV-B	e/1,587	c/5,633	c/11	.2
State grants (note f)	128	128	128	100.0
Total	c/$68,563	c/$89,312	c/$4,139	4.6

Texas

	Total Federal expenditures	Federal, State, and local expenditures: Total	Federal, State, and local expenditures: Child protective services	Federal, State, and local expenditures: Percent of total used for child protective services
	(000 omitted)			
Fiscal year 1976 (including the transition quarter)				
Title XX services	a/$175,299	b/$185,600	b/$31,821	17.1
Title XX training	c/2,238	(d)	(d)	-
Title IV-B	e/3,968	c/9,028	0	0
State grants (note f)	292	292	292	100.0
Total	c/$181,797	c/$194,920	c/$32,113	16.5
Fiscal year 1977				
Title XX services	$142,500	g/$187,546	g/$31,116	16.6
Title XX training	c/6,129	(d)	(d)	-
Title IV-B	e/3,479	c/12,930	0	0
State grants (note f)	219	219	219	100.0
Total	c/$152,327	c/$200,695	c/$31,335	15.6
Fiscal year 1978				
Title XX services	$143,500	g/$196,344	g/$29,837	15.2
Title XX training	c/9,290	(d)	(d)	-
Title IV-B	e/4,003	c/15,432	0	0
State grants (note f)	276	276	276	100.0
Total	c/$157,069	c/$212,052	c/$30,113	14.2

Virginia

	Federal, State, and local expenditures			
	Total Federal expenditures	Total	Child protective services	Percent of total used for child protective services
	(000 omitted)			
Fiscal year 1976 (including the transition quarter)				
Title XX services	a/$50,470	b/$75,660	b/$5,650	7.5
Title XX training	c/7	(d)	(d)	-
Title IV-B	e/1,493	c/11,608	c/694	6.0
State grants (note f)	137	137	137	100.0
Total	c/$52,107	c/$87,405	c/$6,481	7.4
Fiscal year 1977				
Title XX services	$52,221	g/$78,734	g/$5,111	6.5
Title XX training	c/239	(d)	(d)	-
Title IV-B	e/1,298	c/9,751	c/583	6.0
State grants (note f)	100	100	100	100.0
Total	c/$53,858	c/$88,585	c/$5,794	6.5
Fiscal year 1978				
Title XX services	$56,148	g/$83,497	g/$6,435	7.7
Title XX training	c/568	(d)	(d)	-
Title IV-B	e/1,286	c/10,336	c/618	6.0
State grants (note f)	118	118	118	100.0
Total	c/$58,120	c/$93,951	c/$7,171	7.6

a/Since title XX did not become effective until October 1975, expenditures also include title IV-A social services expenditures. The IV-A portion could not be readily identified. The IV-A portion for California was $68 million; for New York, $92.4 million; for North Carolina, $8.3 million; for Texas, $59.6 million; and for Virginia, $7.8 million.

b/Represents estimated projected expenditures for a 1-year period based on an HEW analysis of States' comprehensive annual services plans.

c/Estimated expenditures obtained from HEW.

d/Not available.

e/Represents Federal allotment to States.

f/Represents State grant awards authorized by the Child Abuse Prevention and Treatment Act.

g/Estimated expenditures based on the comprehensive annual services plan.

ESSENTIAL ELEMENTS OF AN ADEQUATE SYSTEM TO IDENTIFY, TREAT, AND PREVENT CHILD ABUSE AND NEGLECT

FEDERAL STANDARDS 1/

The State law should define clearly child abuse and neglect. (Standard A-1)

The State law should designate the State Department of Social Services as the department with primary responsibility for child abuse and neglect prevention, identification, and treatment efforts. (A-2)

The State law should establish reporting requirements for suspected child abuse and neglect. (A-4)

The State law should establish reporting procedures for suspected child abuse and neglect. (A-5)

The State law should designate the persons who have the power to exercise protective custody, and define the conditions that must exist and the procedures that must be followed in exercising protective custody authority. (A-6)

The State law should require that a State child protection coordination committee (State Committee) be formed to strengthen the State's efforts to prevent and treat child abuse and neglect. (A-9)

A child who is alleged to be abused or neglected should have independent legal representation in a child protection proceeding. (B-5)

The local child protective services unit should have the assistance of legal counsel in all child protective proceedings. (B-7)

1/The Center's director identified these standards as essential elements of an adequate system to identify, treat, and prevent child abuse and neglect. A Center publication, "Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects," provides guidelines and comments that present more specific information on each standard.

To coordinate, assist, and strengthen the State's child abuse and neglect prevention, treatment, and resource enhancement efforts, the head of the State Department of Social Services (State Department), as designated by State law, should convene a State child protection coordinating committee. (D-1)

The State Department should establish statewide child abuse and neglect policies that are consistent with State law and conducive to the delivery of uniform and coordinated services. (D-2)

The State Department should establish a distinct child protection division (State Division) to facilitate implementation of departmental child abuse and neglect policies. (D-4)

The State Department should designate child protective units (local units) within each regional and/or local social services agency and develop local unit staffing requirements. (D-5)

The State Division should ensure that persons who have reason to suspect child abuse or neglect can make a report at any time, 24 hours a day, 7 days a week. (D-7)

The State Division should transmit reports to the appropriate authority for assessment of the degree of risk to the child. (D-8)

The State Division's operation of the central register should ensure that children's and families' rights to prompt and effective services are protected. (D-10)

The State Division should ensure that training is provided to all divisional, regional, and local staff. (D-12)

The State Division should develop and provide public and professional education to facilitate the identification and reporting of child abuse and neglect. (D-14)

The local social services agency (local agency) should establish a distinct child protective services unit(s) with sufficient and qualified staff. (E-1)

The local agency should promote internal agency coordination to enhance the delivery of services to all children and families. (E-3)

To foster cooperative, communitywide child protection efforts, the local agency should initiate the establishment of a community child protection coordinating council (community council). (E-5)

The local unit and the community council should develop jointly an annual comprehensive and coordinated plan for the delivery of child abuse and neglect prevention and treatment services. (E-6)

The local unit and the community council should develop operational definitions of abuse and neglect to serve as the basis for local intervention strategies. (E-7)

The local unit and the community council should establish a multidisciplinary child abuse and neglect case consultation team(s). (E-8)

The local unit should provide or arrange for services to assist parents who request help in fulfilling their child care responsibilities. (E-9)

The local unit should ensure that reports of suspected child abuse and neglect can be received 24 hours per day, 7 days per week. (E-10)

The local unit should intervene immediately if the situation is an emergency; otherwise, intervention should take place within 24 hours. (E-11)

The local unit should ensure the family's right to privacy by making the assessment process time limited. (E-12)

The local unit should develop an individualized treatment plan for each family and each family member. (E-13)

The local unit should provide a range of services and, as necessary, obtain, coordinate, and monitor additional services for each family member. (E-14)

The local agency and the community council should ensure that training is provided to local unit staff and other community service systems personnel. (E-15)

To encourage the identification and reporting of child abuse and neglect, the local agency and the community council should implement community education and awareness campaigns. (E-16)

Health care professionals dealing with children should know and use the child abuse and neglect physical diagnostic criteria relevant to their respective specialties. (F-6)

Health care professionals should receive training on the prevention, identification, and treatment of child abuse and neglect and on their reporting responsibilities as defined in State law. (F-10)

Health care professionals should cooperate with other community organizations in developing and disseminating public and professional education materials on child abuse and neglect. (F-11)

The State Department of Mental Health should develop and implement policies and procedures for the support of services to abused and neglected children and to their families. (G-1)

The local public mental health agency should provide mental health services for abused and neglected children. (G-2)

Mental health practitioners should develop programs and provide services to help parents improve their parenting skills and knowledge. (G-8)

Mental health practitioners and mental health facilities should provide and participate in professional training on child abuse and neglect prevention, identification, and treatment. (G-13)

The local education agency should offer programs to students and adults on parenting and child rearing. (H-4)

The local education agency, in cooperation with community organizations, should encourage the establishment of programs to identify and serve adolescents at risk. (H-7)

The local education agency should provide annual in-service training for all school personnel on identifying and reporting suspected child abuse and neglect. (H-10)

The State Department of Education and the local education agency, in cooperation with the State child protection coordinating committee and the community child protection coordinating council, should develop, implement, and support public and professional education programs on child abuse and neglect. (H-12)

APPENDIX V

Judicial system personnel should receive training to increase their understanding and knowledge of judicial responses to child abuse and neglect. (I-10)

The law enforcement agency should assist officers in identifying and responding to cases of suspected child abuse and neglect. (J-4)

Parents Anonymous programs should exist. (No Federal standard.)

PROFESSIONAL ORGANIZATIONS AND COMMUNITY AGENCIES CONTACTED

PROFESSIONAL ORGANIZATIONS

California

California Medical Association, San Francisco
California Teachers Association, San Francisco
Alameda County Dental Society, Hayward
Alameda County Psychological Association, Alameda County
Fremont Unified District Teacher's Association, Fremont
Sacramento Podiatry Society, Carmichael
Sacramento Society of Clinical Psychologists, Sacramento
Sacramento Valley Chapter, California Marriage and Family Counselors' Association, Sacramento

New York

New York State United Teachers, Albany
New York State Nurses Association, Guilderland
New York State Medical Society, Jamaica
American Psychiatric Association, New York
New York State Nurses Association, District 13, Brooklyn
American Psychiatric Association, New York County District Branch, New York

North Carolina

North Carolina Medical Society, Raleigh
North Carolina Nurses Association, Raleigh
Mental Health Association in North Carolina, Incorporated, Raleigh
North Carolina Association of Educators, Raleigh
National Association of Social Workers, Raleigh
Juvenile Officers Association, Raleigh Police Department, Raleigh
Durham County Association of Educators, Durham
Child Psychiatric Society, Durham
North Carolina Society of Pediatricians, Durham
Juvenile Officers Association, Durham City Police Department, Durham
Durham County Chapter of National Association of Social Workers, Durham

Texas

Texas Education Agency, Austin
Texas Medical Association, Austin
Dallas Medical Society, Dallas
Dallas Mental Health Association, Dallas

Virginia

Medical Society of Virginia, Richmond
Virginia Education Association, Richmond
Virginia Neuropsychiatric Society, Richmond
Virginia Association of Chiefs of Police, Richmond
Norfolk Academy of Medicine, Norfolk
Tidewater Society of Clinical Psychologists, Virginia Beach
Education Association of Norfolk, Norfolk

COMMUNITY ORGANIZATIONS

California

Berkeley Department of Public Health, Public Health Nurses Division, Berkeley
Oakland Police Department, Oakland
Health Training Center, Berkeley
Sacramento County Office of Education, Sacramento
Child Abuse Services Council, Sacramento
Sacramento County Sheriff's Department, Officer Training Bureau, Sacramento
Commission on Peace Officer Standards and Training, Sacramento
Visiting Nurses Association of Sacramento, Sacramento
Children's Trauma Center, Oakland
Parental Stress, Oakland
Child Care Development Center, Fremont
Kaiser Hospital, Social Service Department, Oakland
Parents United, Oakland
Mother's Emergency Stress Service, Sacramento
Diogenes Youth Services, Sacramento
Sacramento Medical Center, Department of Clinical Social Science, Sacramento
Child Action, Inc., Sacramento

New York

New York City Police Department, Youth Aid Division, New York
SCAN - NEW YORK, Volunteer Parent-Aides Association, Inc., New York
Catholic Charities Family and Children's Services, Bronx
Visiting Nurse Service of the Bronx, Bronx
Puerto Rican Family Institute, Bronx
North Bronx Family Services, Bronx

North Carolina

Duke Developmental Evaluation Center, Durham
Durham County Department of Public Health, Durham
Bragtown Project, Durham
Child Abuse Prevention and Parental Stress Services, Durham
Community Guidance Clinic for Children, Durham
The Relatives, Inc., Charlotte
United Way's Family and Children's Services Big Brothers and Big Sisters, Charlotte
Parents Anonymous, Charlotte
Randolph Clinic, Charlotte
Mecklenburg County Mental Health Services, Charlotte

Texas

Dallas County Children's Emergency Shelter, Dallas
Mental Health Center and Mental Retardation of Dallas, Dallas
Hope Cottage Children's Bureau, Dallas
Child Care Association of Metropolitan Dallas, Dallas
Texas Department of Mental Health and Retardation, Austin
Dallas Police Department, Dallas
Dallas Independent School District, Dallas

Virginia

Children's Hospital of the King's Daughters, Norfolk
Family Services Travelers' Aid, Norfolk
Community Mental Health, Norfolk
Portsmouth Naval Hospital, Portsmouth
Children and Youth Clinic, Norfolk
Norfolk Police Department, Norfolk

APPENDIX VII

RESEARCH AND DEMONSTRATION PROJECTS FUNDED BY THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

Type	Number	Funding period	Cost (note a)
Research projects			
Concerning causes, prevention, identification, and treatment of child abuse and neglect	16	6 for FY 75-76 9 for FY 75-77 1 for FY 75-78	$ 5,193,350
Field-initiated child abuse and neglect research	2	FY 78-81	b/119,787
Longitudinal research on the causes and effects	3	1 for FY 79-83 1 for FY 79-82 1 for FY 79-81	b/482,330
Demonstration projects (note c)			
Demonstration treatment centers	17	11 for FY 74-77 1 for FY 74-78 5 for FY 75	10,421,281
Innovative demonstration projects	9	8 for FY 75-77 1 for FY 75-76	4,276,495
Resource demonstration projects	16	10 for FY 74-77 5 for FY 75-77 1 for FY 75-78	14,776,403
Clinical demonstrations of special treatment	20	FY 78-82	b/2,287,948
Improved juvenile court handling of child protective cases, including the provision of legal counsel and guardian ad litem	4	FY 78-82	b/584,986
Investigation and correction of child abuse and neglect in residential institutions	4	FY 78-81	b/314,603
National resource centers for professional and minority populations	8	FY 78-81	b/1,052,798
			$39,509,981

a/Includes either award amount or total expenditures for projects, whichever was available.

b/Amount of award for first year only.

c/Excludes 11 projects jointly funded by the Office of Child Development and the Social and Rehabilitation Services in 1974 for which the Center funded $296,000 in fiscal year 1976 and 22 projects funded to test a child abuse and neglect training curriculum developed by the Center.

DEMONSTRATION PROJECT EVALUATIONS

FUNDED BY NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

Projects	Number of projects	Contractor	Cost
Treatment centers	12	E.H. White Company, Inc.	$ 722,702
Innovative projects	8	CPI Associates, Inc.	350,597
Resource centers	16	Associate Control, Research and Analysis, Inc.	698,911
Treatment and innovative projects (impact evaluation)	20	Abt Associates, Inc.	a/488,861
Specialized treatment	20	Berkeley Planning Associates	b/279,769
			$2,540,836

a/Cost for September 1977 to May 1979.

b/Award amount for phase I, 14 months.

APPENDIX VIII

FISCAL YEAR 1978 CROSS-CUTTING RESEARCH PROGRAM

Administration	Contribution to cross-cutting program	Fiscal year 1978 Appropriation	Fiscal year 1978 "New Start" research and development funds	Fiscal year 1978 Total research and development funds	Contribution as a percentage of Appropriations	Contribution as a percentage of Total research and development funds	Contribution as a percentage of "New Start" research and development funds
	(000 omitted)						
Aging	$ 741.3	$ 508,750.0	$ 8,500.0	$ 3,800.0	0.15	8.72	19.51
Children, Youth, and Families: Child Welfare (section 426, title IV-B, Social Security Act)	499.9	23,850.0	15,700.0	4,100.0	2.10	3.18	12.19
Center	469.4	18,928.0	9,844.0	8,786.0	2.48	4.77	5.34
Native Americans	49.5	33,000.0	1,300.0	600.5	.15	3.81	8.24
Rehabilitation Services: Rehabilitation	374.9	870,200.0	31,500.0	1,563.0	.04	1.19	23.99
Developmental Disabilities	238.5	59,125.0	18,104.0	4,560.2	.40	1.32	5.23
Public Services	110.0	2,649,089.0	2,955.0	682.0	.00	3.72	16.13
Total	$2,483.5	$4,162,942.0	$87,903.0	$24,091.7	.06	2.83	10.31

APPENDIX IX

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D C 20201

REFER TO:

JAN 29 1980

OFFICE OF THE INSPECTOR GENERAL

Mr. Gregory J. Ahart
Director, Human Resources
Division
United States General
Accounting Office
Washington, D.C. 20548

Dear Mr. Ahart:

The Secretary asked that I respond to your request for our comments on your draft report entitled, "More Must Be Done To Protect A Precious Resource: The Nation's Children." The enclosed comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

We appreciate the opportunity to comment on this draft report before its publication.

Sincerely yours,

Richard B. Lowe III
Acting Inspector General

Enclosure

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE COMMENTS ON DRAFT OF U.S. GENERAL ACCOUNTING OFFICE REPORT, "MORE MUST BE DONE TO PROTECT A PRECIOUS RESOURCE: THE NATION'S CHILDREN"

GAO RECOMMENDATION

Help States assess how much professionals are/are not reporting so that appropriate steps to achieve increased reporting can be taken.

COMMENT

The Department concurs with this recommendation. The National Center is assessing the level of reporting by professionals of known or suspected cases of child abuse and neglect as a part of its National Study of the Incidence and Severity of Child Abuse and Neglect, to be completed by the Fall of 1980. The findings of this study will allow for projection of estimates of the numbers of known or suspected cases which are or are not reported by professionals on a nationwide basis. The National Center will work with the States, once this information is available so that they can take advantage of it. In addition, the annual Study of Official Reports of Child Neglect and Abuse, conducted by the American Humane (Association), under contract to the National Center, provides an analysis of the numbers of professionals who do report.

GAO RECOMMENDATION

Identify the problems that hinder certain professionals from reporting and attempt to resolve them by such means as working through the Federal agencies most closely associated with the particular profession (such as the Law Enforcement Assistance Administration for law enforcement groups).

COMMENT

The Department concurs with this recommendation. The National Center has identified major barriers relating to professional reporting. These problems include: coordination with other agencies, confidentiality issues and lack of training on reporting. In response, manuals for nurses, mental health professionals, day care and early childhood program personnel, law enforcement officials, hospital personnel and teachers have been developed and widely distributed to targeted audiences, through State and regional networks and coordinated with other Federal agencies. National Center staff are now working with the Department's Alcohol Drug Abuse and Mental Health Administration (ADAMHA) to address the serious problem which is inherent in Federal confidentiality regulations governing workers in Federally funded rehabilitation programs which inhibit their reporting. Additional time and staff resources will be allocated to work more closely with Federal agencies which can influence professionals to fulfill their reporting responsibilities. Priority agencies will include the Law Enforcement Assistance Administration and the Department of Education.

GAO RECOMMENDATION

Encourage responsible professional organizations for persons required to report suspected child abuse and neglect cases to emphasize to their members the importance of reporting suspected cases.

COMMENT

The Department concurs with this recommendation. Currently, the National Center is working closely with the following organizations to encourage them to provide information to members on reporting responsibilities and to influence professional schools to incorporate curricula on child abuse and neglect: The American Academy of Pediatrics, the National Association of Social Workers, the American Public Welfare Association, the Alliance of Black Social Workers, the National Urban League, the Council for Exceptional Children, the Education Commission of the States, the American Bar Association, the National League of Nurses, the Child Welfare League of America, the Council of Social Work Education, and the International Association of Chiefs of Police.

GAO RECOMMENDATION

Clarify who is responsible for training and educating professionals on how to recognize and report abuse and neglect and on any other matters which may be restricting complete reporting of suspected cases.

COMMENT

GAO is correct that clarification is needed. One of the National Center's immediate priorities is to work with the States to clarify that responsibility. The National Center intends to use the ten Regional Child Abuse and Neglect Resource Centers to better coordinate necessary resources and technical assistance on training. The enhanced efforts of these centers can make existing materials and staff more avaliable to States, agencies and institutions of higher learning.

The National Center has supported a policy (contained in the draft Federal Standards) which calls for all agencies with roles in preventing, identifying, reporting and treating child abuse and neglect to have ongoing inservice training for their employees. The National Center has supported the organization of Community Child Protection Committees (or councils) whose responsibilities include insuring the provision of adequate training for professionals, paraprofessionals and volunteers on the recognition and reporting of child abuse and neglect.

GAO RECOMMENDATION

Resolve the disagreements concerning whether definitions and standards should be developed by the State, the local child protective services unit, or the community.

COMMENT

The Department does not concur with the GAO's recommendation regarding this problem. The National Center has taken the lead in developing conceptual and legal definitions and program standards with guidelines for the implementation of these standards, which are contained in the draft Model Child Protection Act and the draft Federal Standards. These documents have been widely distributed for public review and comment. The final authority for legal definitions of child abuse and neglect, which will govern reporting, investigations and court decision-making, belongs to the States. For maximum effectiveness in guiding actual case decision-making, the development of operational definitons (or specific indicators) of child maltreatment must involve practicing professionals and the community at large, working within the legal framework provided by State law.

This conceptual framework for developing definitions and the refining of program standards is reflected in the draft Federal standards. In summary, it represents the position which the National Center has adopted in its efforts to assist States and localities in improving child protective services.

GAO RECOMMENDATION

Encourage the use of definitions and standards for community education and for decisions on what constitutes child abuse and neglect.

COMMENT

The Department concurs with this recommendation. The National Center has invested significant resources and staff time in the development and promulgation of guidance on definitions and standards and will continue to do so, using the WE CAN HELP curriculum, the User Manual Series, a project to develop and disseminate supervisory training packages for child protective services, and national, regional and State conferences, workshops and symposia. The operational definitions used in the National Study of the Incidence and Severity of Child Abuse and Neglect will be disseminated nationwide. In addition, the National Center is working with five national resource centers for minority populations to develop and distribute definitional materials which are tailored specifically for Black, Indian, and Hispanic communities.

GAO RECOMMENDATION

Emphasize the importance of investigating all child abuse and neglect reports within 24 hours and encourage States and localities to incorporate this requirement into their policies and procedures.

COMMENT

The Department concurs with this recommendation. This problem will be addressed in the following ways: (1) Program reviews will be undertaken as a part of the Child Welfare Services program. Beginning in FY 1980, reviews will be conducted within each State on a triennial basis. (2) State and local child welfare services self-assessment guidance will highlight the problem as well. (3) The National Center highlights both the problem and the importance of timely investigation of child abuse and neglect reports in the draft Federal Standards, the WE CAN HELP curriculum, the User Manual Series and the supervisory training packages for child protective services, now under development.

GAO RECOMMENDATION

Encourage State and local agencies to increase their minimum qualifications for child protective services investigation staff to meet those prescribed by the Center.

COMMENT

The Department concurs with this recommendation. Recognition must be given, however to the major barriers within States which involve union and civil service procedures. The Children's Bureau is making refinements to the guidelines on staff qualifications for child welfare service workers, focusing on guidelines for entry level personnel and career development with educational preparation and inservice training. The National Center supports the implementation of ongoing inservice and preservice training for child protective service workers, using its Specialized Training for Child Protective Service Workers of the WE CAN HELP curriculum. Each of National Center's Regional Resource Centers are each focusing on the establishment and improvement of training capacities within State social service agencies. The Child Welfare Training program of the Children's Bureau is supporting improvement of professional training in schools of social work. The National Center also expects to award demonstration grants in Fiscal Year 1981 to support State agencies in innovative efforts to increase the specialization and improvement of professional qualifications of their child protective service staffs.

GAO RECOMMENDATION

Assure that States and localities are aware of how to access title XX funds for staff training. [See GAO note, p. 113.]

COMMENT

The Department does not concur with the GAO's statement of this issue. Administrators of social services in the States are aware of the possibility of using Title XX training funds for the improvement of child protective services. However, there is the likelihood of a ceiling on these funds and there are many demands upon these funds for training across the spectrum of social services. Decisions about their use are the prerogative of the States. The National Center has advocated specific use of Title XX training funds for child protective services. A number of States, including New York, Texas and South Carolina, have allocated title XX training funds for innovative training programs to improve the qualifications of child protective service workers. The National Center will serve as a clearinghouse of these and other approaches and spotlight how they were designed and implemented in regional and national conferences.

GAO RECOMMENDATION

Identify alternatives which can be used for increasing staff or otherwise dealing with excessive caseloads within staffing constraints. The alternatives should include ways to increase funding (such as assuring all potential funding sources are used) and improving the agency's competitiveness for social service funding. The alternatives for dealing with excessive caseloads within staffing constraints should include ways to obtain support from public and private community agencies and ways to make more efficient and effective use of existing child protective services staff.

COMMENT

The Department concurs in principal with this recommendation. Public child protective services are funded directly by State appropriations and by Federal funds administered on a matching basis from Title XX and Title IV-B of the Social Security Act (which are administered by the Administration for Public Services and the Children's Bureau, respectively, both of the Office of Human Development Services). Departments of Social Services, in which child protective services are located, are dependent upon State decision-making about the allocation of those resources. Where State agency information systems have been effective in documenting the size and scope of child protection needs in a given State, the State agency has usually been able to convince the State legislature to increase financial support and even to increase authorized staffing positions. Because it involves the process of documenting need and resource allocation decisions by State legislatures, the Department does not see any appropriate or effective role for the National Center. Other agencies of the Department, like APS, may assist, in documenting the need for efforts to improve child protection.

GAO RECOMMENDATION

Emphasize to States the contributions multidisciplinary case consultation teams can make in dealing with child abuse and neglect casea and provide technical assistance on how to use teams.

COMMENT

The Department concurs with this recommendation. The National Center has strongly endorsed use of multidisciplinary case consultation teams through the draft Federal Standards and numerous publications, including the WE CAN HELP curriculum. In HEW Regions III, V, VI, VII, VIII and IX, the National Center has supported technical assistance projects, resulting in the creation of numerous teams at the local level. The National Center-sponsored regional and national conferences have highlighted programs which use teams. Regional Resource Centers have developed materials for team training and development. The National Center, through its WE CAN HELP curriculum, its User Manual Series and other materials, continues to emphasize the importance of multidisciplinary case consultation teams. In addition, the supervisory training packages for child protective services which are currently being developed will contain guidelines for deciding which cases are most appropriate for consideration by teams.

GAO RECOMMENDATION

Emphasize to States the importance of developing and using written treatment plans for all abuse and neglect clients.

COMMENT

The Department not only concurs with this recommendation, but also wishes to note that this concern will be a major focus of monitoring through the State Child Welfare program reviews. These reviews will examine treatment plans on a sample basis to monitor implementation of the standard. In addition, the National Center has encouraged more effective case management through publication and distribution of materials which emphasize the importance of written case plans. These materials include the User Manual Series, the Specialized Training for Child Protective Service Workers, and the development of the supervisory training packages for child protective services.

GAO RECOMMENDATION

Assist the States with obtaining additional treatment services by such means as identifying potential sources of Federal, State and private funding for child abuse and neglect cases.

APPENDIX X

COMMENT

The Department concurs with this recommendation. The National Center has recently completed a catalog of Federal programs with funding resources related to the prevention and treatment of child abuse and neglect and a pamphlet on sources of funding for child abuse and neglect programs. These suggest resources to help State and local communities expand treatment capacities. The catalog will be published by the Spring of 1980. The pamphlets have already been widely distributed across the nation.

GAO RECOMMENDATION

Reassess its position on the need to followup on closed child abuse and neglect cases. If the Center concludes that followup is essential, it should emphasize the benefits of such followup to States.

COMMENT

The Department concurs with this recommendation. We believe that followup is a necessary part of case management. National Center evaluations of its own demonstration programs, as well as information from the States, suggest that the reincidence of child maltreatment is a serious problem, even for families that have received the best of services. The National Center will emphasize the benefits and nonintrusive followup approaches in its supervisory training packages for child protective services, now in the process of development. While the National Center can emphasize the importance of this measure, it cannot dictate State policy or local practice, and it appears likely that States will continue to be reluctant to implement this standard because of its cost implications.

GAO RECOMMENDATION

Emphasize to States the importance and benefits of using central registers for case management to ensure that prompt and effective services are provided to child abuse and neglect cases.

COMMENT

The Department concurs with this recommendation. The National Center is hosting a conference of State Child Protective Service officials in Denver, in March of 1980, which will specifically focus on the case management facets of efficient information systems for child abuse and neglect cases. The role of central registers as well as other information system approaches will continue to receive attention in National Center efforts to assist the States.

APPENDIX X

GAO RCOMMENDATION

Idenfify specific alternatives which can be used for increasing treatment staff or otherwise dealing with excessive caseloads within staffing constraints.

COMMENT

The Department concurs with this recommendation. The National Center's present "service improvement" program, involving 29 projects and 67 sites, is aimed at expanding the capacities of communities to handle the prevention and treatment services required for effective child protection. The National Center has emphasized the necessity for developing interagency relationships as realistic and cost-effective means of expanding treatment capabilities and relieving the direct service caseloads of child protective service workers. In the future, the National Center plans to mount additional service improvement grant programs specifically targeted to mental health and health agencies. The Children's Bureau State program review will also be assessing creative use of paraprofessionals as case aides.

GAO RECOMMENDATION

Encourage State and local agencies to increase their minimum qualifications for child protective services treatment staff to meet those prescribed by the Center.

COMMENT

The Department concurs with this recommendation and is implementing the recommendation through a number of activities:

1. The Children's Bureau is refining guidelines on staff qualifications;

2. The National Center is supporting the implementation of ongoing inservice and preservice training for child protective service workers by using its Specialized Training for Child Protective Service Workers of the WE CAN HELP curriculum;

3. Each of the National Center's Regional Resource Centers is focusing on the establishment and improvement of training capacities within State social service agencies;

4. The Child Welfare Training program of the Children's Bureau is supporting improvement of professional training in schools of social work; and

5. The National Center also expects to award demonstration grants in Fiscal Year 1981 to support State agencies in innovative efforts to increase the specialization and improvement of professional qualifications of their child protective service staffs.

GAO RECOMMENDATION

Emphasize to States the importance of sufficient legal assistance for child protective staff working on child abuse and neglect cases.

COMMENT

The Department concurs with this recommendation. The National Center is working to improve legal representation in child abuse and neglect cases (on the part of county or prosecuting attorneys who usually represent the agency as petitioner before the court, defense attorneys for parents, and attorneys or guardians ad litem for children). We are developing and intend to disseminate widely a User Manual on the role of courts in child abuse and neglect cases and a curriculum for court-related professionals. In an effort to upgrade the quality of legal representation, the National Legal Resource Center for Child Advocacy (a grantee of the National Center sponsored by the American Bar Association) has contacted the States and many localities to provide information to child protective service officials and American Bar Association members.

GAO RECOMMENDATION

Increase assistance to States and localities by providing information on how to establish prevention programs.

COMMENT

The Department concurs with this recommendation and acknowledges the need for greater efforts. Again, establishing a leadership and coordinative role with other Federal agencies will receive new priority in ACYF. Concentration will especially be focused on the new Department of Education. Parenting programs, as part of public education, could become a major vehicle in breaking the cycle of child abuse.

Prevention responsibility is shared by all human service systems, including mental health, education and other public and private institutions whose plans and programs affect the lives of children and families. The National Center has disseminated initial information on prevention programs (at both a primary and secondary prevention level) to States and localities. Such information describes parent aide programs, maternal-infant bonding procedures. Parent education resources, information and referral self-help approaches, Parents Anonymous and other prevention programs. Recognizing that there is still much to be learned and many new approaches to be tested, the National Center has also embarked on a major demonstration program in the area of primary prevention.

APPENDIX X

GAO RECOMMENDATION

Take steps to ensure that adequate criteria or appropriate methods are developed to measure the effectiveness of prevention programs to disseminate such information to States and localities for their use.

COMMENT

The Department concurs with this recommendation. The National Center now has two projects underway which are developing criteria and methods related to prevention programs and will produce reports which can be disseminated to States and localities. Both of these projects are based on actual program experiences now in progress. Their reports will be available in 1981 and 1982, respectively.

GAO RECOMMENDATION

Inform the States and localities, as information becomes available, on the types of programs or approaches that are practical and show promise in preventing child abuse and neglect.

COMMENT

The Department concurs with this recommendation. The National Center will continue to make information available as it emerges from practice in the field.

GAO RECOMMENDATION

Expedite efforts to inform States of all Federal programs relating to child abuse and neglect.

COMMENT

The Department concurs with this recommendation. Publication of the catalog of Federal programs related to child abuse and neglect prevention and treatment in the Spring of 1980.

GAO RECOMMENDATION

Obtain and share information on the plans, budgets, and activities of all Federal agencies operating such programs.

COMMENT

The Department concurs with this recommendation. The National Center will update on an annual basis the information contained in the catalog of Federal programs related to child abuse and neglect.

GAO RECOMMENDATION

Refer to the Secretary of HEW, in conjunction with the Advisory Board, any programs which appear to be duplicative or undertaken in a unilateral manner.

COMMENT

The Department concurs with this recommendation and will implement it, as prescribed by the Child Abuse Prevention and Treatment Act, as amended, on an annual basis.

GAO RECOMMENDATION

Incorporate into the design of all future projects the necessary provisions to assure that meaningful evaluations can be conducted, including clear project and evaluation objectives, an acceptable number of project variables, and adequate controls over implementation.

COMMENT

The Department agrees with the need for evaluation and has implemented evaluation research which seeks to validate program designs and to measure the impacts of specific treatment approaches. To the extent possible, the National Center will continue to design programs which address specific program and policy questions and which hold promise of providing answers which can be used to improve and expand services to children and families who need them. Demonstration programs should be designed to address current knowledge, practice and program gaps in the field. Evaluations of these programs should be designed to gather and analyze information from them which can be useful in efforts to improve services generally. Not all demonstration projects should be designed as total replicable models, though some parts of all demonstrations should offer promise of replication and should offer guidance to practitioners to improve services. In meeting the needs of families with abuse and neglect problems, certain e thical issues preclude the use of classical experimental designs for research and evaluation purposes and undermine even the most determined efforts to limit the number of variables considered. The National Center, therefore, has and will continue to employ quasi-experimental and process evaluation approaches.

GAO RECOMMENDATION

Identify and use information which is available on projects funded by sources other than the Center.

COMMENT

The Department concurs with this recommendation. The National Center already undertakes an annual survey and analysis of child abuse and neglect programs, which currently includes a total of 2,868 programs across the country. Synopses of these programs are available through published directories and from the National Center's computerized data base. The program ana ysis is published annually. The National Center will continue this practice, as required by the Child Abuse Prevention and Treatment Act.

GAO RECOMMENDATION

Provide better leadership and guidance by adopting more of a policy formulation role and clearly identifying the programs or program components which show promise of success or which appear to be unsuccessful.

COMMENT

The Department concurs with the recommendation that it formulate policy but suggests a distinction between policy formulation and the identification of successful and unsuccessful programs. Policy formulation has been undertaken in the area of service delivery, multiagency and multidisciplinary responsibilities and coordination, reporting, definitions and a wide array of other issues which confront the field. The results are contained in the draft Model Child Protection Act, the draft Federal Standards, the demonstration and service improvement funding priorities which the National Center has supported, and the User Manual series. In disseminating information on promising program approaches, the National Center has laid out an array of prevention and treatment approaches, such as parent aide programs, help-lines, volunteer programs, self-help programs (especially including Parents Anonymous), and multidisciplinary case consultation, with information about how these have been used in some communities. The National Center will use its evaluation and research programs to define those approaches which hold promise of success and to raise issues about those which have not been successful in given communities.

GAO RECOMMENDATION

Finalize the Model Child Protection Act and the Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects.

COMMENT

The Department concurs with this recommendation and plans to have these documents finalized in 1980.

GAO RECOMMENDATION

Establish and operate a monitoring program to the extent necessary for maintaining awareness of State and local progress and problems in dealing with abuse and neglect.

COMMENT

The Department concurs with this recommendation. The Child Welfare program of the Children's Bureau will begin implementation of its triennial program review for each State in 1980. This mechanism will become the Department's primary way of monitoring program performance by States and localities and the way they handle their overall child welfare program.

GAO RECOMMENDATION

Assure that the results of the monitoring program are considered and incorporated into the process for planning the Center's future direction and activities.

COMMENT

The Department concurs with this recommendation and will implement it through the joint State-HEW planning process required by Title IV-B, Child Welfare Services program, of the Social Security Act.

GAO RECOMMENDATION

[The Secretary should] resolve any problems referred by the Center regarding duplicative programs or problems that otherwise restrict effective coordination.

COMMENT

The Department agrees with this important function and concurs with the recommendation. As mandated by the Child Abuse Prevention and Treatment Act, as amended, the Advisory Board on Child Abuse and Neglect is currently preparing for submission to the President and the Congress a comprehensive plan to maximize coordination of child abuse and neglect prevention and treatment activities. This plan will specify mechanisms for identifying duplicative programs or problems that otherwise restrict effective coordination as well as mechanisms by which the Secretary can resolve these problems.

GAO RECOMMENDATION

[The Secretary should] consider furnishing the necessary staff and resources needed by the Center to carry out its program responsibilities, to provide effective leadership and guidance, and to assist States with the major problems encountered when dealing with abuse and neglect.

COMMENT

The Department will take on as a priority this role of coordination and leadership and will consider increasing the size of the Nationl Center. Particular focus will be on the labor-intensive activities involved in managing the coordination of Federal programs.

APPENDIX X

GENERAL COMMENT

In general, the Department agrees with the report and the identified areas of responsibilities which need further attention to protect the nation's children. There are additional points, however, which should be noted by GAO to provide perspective on its findings and recommendations:

1. The Administration for Children, Youth and Families has a new Commissioner who has stated his support for making leadership and assistance to the States on the prevention and treatment of child abuse and neglect a top priority for the coming year.

2. It is important that the GAO recognize the role and authority vested in the National Center on Child Abuse and Neglect by the Child Abuse Prevention and Treatment Act. The National Center does not hold direct authority for the implementation of standards and the adequate and effective delivery of services at the State and local level. The interrelationships and the total service delivery context in which child protective services are provided include the Title XX Social Services program, the Title IV-B Child Welfare Services program, the Early Periodic Screening, Diagnosis and Treatment program, and other related services delivery systems. The fact that the Child Welfare Services program has been moved into the same agency with the National Center as of October 1978 is especially significant, since a closer working relationship between the research, demonstration, service and coordination roles of the National Center can be achieved with the basic child welfare services delivery program.

3. The Department has developed and published policy across the entire spectrum of program issues relating to the prevention and treatment of child abuse and neglect. This includes such widely respected documents as the regulations which implement the Act, the draft Federal Standards, the draft Model Child Protection Act, and numerous other training and programmatic publications. The National Center has deliberately involved an enormous amount of interaction with States and localities to increase the consensus and acceptance of the field which is responsible for implementation. The final phase -- State and local implementation -- is where the Department must now focus new energy. The Administration for Children, Youth and Families will provide the leadership, technical assistance and advocacy in this national effort. The Department has developed the tolls, established the relationships and now must support the States in bringing about needed changes. The GAO is measuring against the final phase for which the National Center has no final authority but does have a leadership role which it will be fulfilling more energetically than in the past.

The Department believes that the report has not properly credited the National Center for its role in increasing public and professional awareness of the problem of child abuse and neglect and for the great increase in State and local efforts to address it. Volunteer programs, private nonprofit human service agencies, mental health programs, education systems, hospitals and law enforcement agencies have become integrally related to the prevention and treatment of child abuse and neglect in many communities over the past five years and are significant providers of service as adjuncts to public child protective services. The Department contends that this multiagency/multidisciplinary attention to the problem is due in large part to the efforts of the National Center, using its demonstration and service grant programs as catalysts to broaden the base of community efforts to prevent and treat child abuse and neglect. These accomplishments were not credited in the report.

Other measures of the Center's effectiveness which should be noted include: (1) Reporting statistics have risen over 100% over the past four years alone; (2) treatment services, including multidisciplinary case consultation, 24-hour hotlines for crisis intervention, volunteer parent aide programs and a number other resources, have become widely available; and (3) public awareness of the problem of child abuse and neglect and public attitudes toward its prevention and treatment have changed greatly, as demonstrated by the extensive media coverage of the problem and the types of coverage which now generally focus on helping families rather than punishing offenders.

GAO note: This proposed recommendation was deleted from the report after we reexamined the types of problems that State officials are experiencing in obtaining and using title XX funds for training child protective services staffs. Most of the problems related to HEW's interpretations of Federal regulations which an official from HEW's Administration for Public Services told us are to be reviewed during fiscal year 1980.

(104070)

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